



HEALTH CARE AUTHORITY INSURANCE SYSTEM MANUAL

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FEBRUARY 2005

(Central Payroll, K-12 & Employer Group Full Package)

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REVISED 3-05

INTRODUCTION

The purpose of this manual is to assist you with the data entry of the subscriber information that affects Health Care Authority (HCA) sponsored insurance coverage. The following instructions pertain to information relevant to HCA insurance ONLY. If you have questions about the insurance screens or any of the insurance procedures contained in this manual, please contact:

Training and Outreach 1-800-700-1555

You will encounter various fields (used for state payroll and personnel purposes) on the screens that are not defined in this manual because they do not pertain to insurance eligibility or enrollment. For more information on those fields, access the on-line help or refer to the on-line help instruction booklet written by Department of Personnel's Human Resource Information Systems Division (HRISD). If you do not have a copy of the instruction booklet or have questions about the payroll screens, please contact the help desk (360-664-6400) at HRISD.

Note: Reference to “spouse” in this manual includes qualified same sex domestic partners.

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ACCESSING THE HCA INSURANCE SYSTEM SCREENS

The first screen to appear when you enter the system is the “Message 10” screen.

MESSAGE10 TERMINAL: N4Y120E

WELCOME TO THE STATE OF WASHINGTON
AUTHORIZED USE ONLY

FOR ASSISTANCE, PLEASE CALL YOUR HELP DESK

IF YOU ARE AUTHORIZED, TYPE YOUR SERVICE
IDENTIFIER AND PRESS <ENTER>

1. --

1. At the cursor, type **CICP3**
Press **Enter**

CICS Sign-on
Type your userid and password:

Userid	==>	2. --
Password	==>	3. *
Language	==>	
New Password	==>	

PF 3 = End
DFHCE3520 Please type your userid.

2. At the cursor, type your **USER ID** (7 characters)
Press **Tab** to move cursor to the **PASSWORD** field
3. Type your **PASSWORD*** (must be 8 characters, no spaces - see password standards and tips on pages 5 and 6).
Press **Enter**

* NOTE: If you need assistance with your CICP3 password, contact the system security designee at your agency or contact Department of Information Systems at (360) 902-3149 or (360) 902-3106.

4. --

DFHCE3549 Sign-on is complete (Language E).

4. At the cursor, type **PAY1**
Press **Enter**

***GOOD AFTERNOON - PLEASE ENTER SIGN-ON INFORMATION ***

***** PERSONNEL PAYROLL ONLINE SYSTEMS *****
***** OPERATOR IDENTIFICATION *****

AGENCY: **5.** -- SUB-AGENCY: **6.** SSN: **7** PASSWORD: **8 ***
NEW PASSWORD:

SELECTION: **9.**

HELP: PRESS PF1 FOR ONLINE INSTRUCTION

*** YOU WILL BE ACCESSING PRODUCTION FILES ***

***** TO LEAVE THE SYSTEM FROM ANY SCREEN *****

CLEAR - EXIT

10. PF12 - EXIT AND LOGOFF

ENTER - NEXT SELECTION, PF1 - HELP, PF3 - SYSTEM MENU

5. At the cursor, type your **AGENCY** code
6. Type your **SUB-AGENCY** code
7. Type your **SOCIAL SECURITY NUMBER**
8. Type your **PASSWORD*** (8 characters, no spaces – see password standards and tips on pages 5 and 6). Press **Tab** to move cursor to the **SELECTION** field
9. Type **A.01** Press **Enter**
10. To exit the system from any screen, press the **PF12** key.

* NOTE: If you need assistance with your Pay1 password, contact the system security designee at your agency or contact HRISD at (360) 664-6400 or e-mail helpdesk@dop.wa.gov.

New Password requirements

- Must now be 8 characters in length (previously could be 5 to 8 characters).
- Must contain at least one number, e.g., 0, 1, 2,9.
- Must contain at least one alphabetic character, e.g., a, b, c,z.
(Note: Lower case alphabetic in userids and passwords are converted to upper case before processing, so it doesn't matter how you enter them.)
- Must contain at least one of the following three special characters: #, \$, or @
(Note: No other special characters will be accepted in a password.)
- May not contain the first three to six consecutive characters of your name as it appears in the security database. (For example, user John Barrymore cannot use joh, john, bar, barr, barry, or barrym anywhere in his password.)
- May not contain your userid.

Valid Password Examples

(assume userid = JS00211 and user's name = John Smith in database)

\$ismksc9 (contains number, special character, and alphabetics)
 b\$o#ca22 (contains numbers, special characters, and alphabetics)
 m@129apy (contains numbers, special character, and alphabetics)

Invalid password examples

(assume userid = JS00211 and user's name = John Smith in database)

moneybag (contains alphabetics, but no number and special character)
 moneyba2 (contains alphabetics and number, but no special character)
 cev#ga2 (less than 8 characters long)
 \$2749638 (contains numbers and special character, but no alphabetic)
 js00211# (contains user's userid)
 john#007 (contains part of user name, "john")
 #2smi\$56 (contains part of user name, "smi")

Existing Password Requirements that Continue to Apply

- The security system maintains a history of each user's most recent five (5) passwords and does not allow their reuse.
- Personal userid passwords must be changed at least every 60 days.

Tips when Entering Your Passwords

Be careful when entering your eight-character password on TPX and TSO sign-on screens. They will now fill that input field and cause the cursor to advance to the "new password" input field. If you accidentally enter a character in that field then press enter,

it will assume you are attempting a password change and prompt you to "re-enter new password for verification". You may press PF3 to escape the sign-on screen to start over.

Tips for Choosing Good Passwords

- Avoid obvious passwords. Do not use names of children, spouses, pets, favorite sports teams, birthdays, or similar personal things that others are also likely to know.
- Do not use anything that can be found in a dictionary. If you want to use a word, mix in special characters and numbers, or even intentionally misspell it, such as "#guvnor1" or "@2gether."
- Make up an acronym based on a song, a sentence, poem, or rhyme then mix in special characters and numbers to a length of 8, as in the following examples:
- "I Saw Mommy Kissing Santa Clause" (ism\$9ksc)
- "The Check Is In The Mail" (5#tciitm)
- "My Dog Fido Drools A Lot" (mdfdal@7)
- Do not use these examples....make up your own schemes!

Tips for Safeguarding Your Password

- NEVER tell your password to anyone, including coworkers.
- NEVER share your userid and password with others. You alone are responsible for what is done with your userid.
- Do not write your password down. A written password is more easily discovered than one committed to memory.
- Be careful when typing in your password. Make sure no one is looking over your shoulder.

DEFINITIONS

CURRENT PROCESS MONTH:

The monthly insurance invoicing is divided into three cycles due to the large number of PEBB participating agencies. "Current process month" is a term used to identify the specific period of time for which the insurance system is billing an agency. The beginning and end date of an agency's "current process month" depends upon which invoicing cycle the agency is in:

INVOICING CYCLE 1 - COBRA, SELF-PAY, SELF-PAY RETIREES and K12 SCHOOL DISTRICT ACTIVE EMPLOYEES

Current process month runs from approximately the 24th of one month through the 23rd of the following month. FOR EXAMPLE: The 24th of May through the 23rd of June is "Process Month June".

INVOICING CYCLE 2 - HIGHER-EDUCATION, DEPARTMENT OF RETIREMENT SYSTEMS and POLITICAL SUBDIVISIONS

Current process month runs from approximately the 27th of one month through the 26th of the following month. FOR EXAMPLE: The 27th of May through the 26th of June is "Process Month June".

INVOICING CYCLE 3 - STATE CENTRAL PAYROLL AGENCIES

Current process month runs from approximately the 1st one month, through the 30th or 31st of the following month. FOR EXAMPLE: The 1st of June through the 30th of June is "Process Month June".

LOWER LIMIT DATE:

The LOWER LIMIT DATE is three calendar months prior to the current process month. FOR EXAMPLE: if the current process month is June, the LOWER LIMIT DATE would be March 1st. The LOWER LIMIT DATE for an enrollment effective date would be March 1st. The LOWER LIMIT DATE for termination end dates would be March 31st.

RETRO PROCESS:

The system allows terminations and changes on-line as far back as the LOWER LIMIT DATE (see page 7). Incorrect effective or term dates should not be used unless HCA directs otherwise.

The HCA retro term policy revised January 1, 2004 allows for terminations and changes only to the system's lower limit date.

- **For retroactive terms/divorce/or deceased dates:** When entering a termination or a change, if you receive the error message "REQUIRES APPROVAL...ENTER REQUEST FOR APPROVAL ON THE A.56 SCREEN", ***"do not proceed with the update! Back out of this screen by changing the command line to "A.56", type "A" (add) and press PF4. This will take you to the A.56 screen to enter your request. HCA will terminate the coverage back to the correct termination date.***
- **For adds and changes:** Adds and changes may be allowed prior to the lower limit date, subject to HCA's approval. Enter the add transaction with the requested date. If you receive the message, "REQUIRES APPROVAL... ..ENTER REQUEST FOR APPROVAL ON THE A.56 SCREEN", ***do not proceed with the update! Back out of this screen by changing the command line to "A.56", type "A" (add) and press PF4. This will take you to the A.56 screen to enter your request.***

FUTURE PROCESS:

YOU MAY ENTER MOST TRANSACTIONS **ONE** MONTH INTO THE FUTURE *. THE FUTURE ENTRY WILL PEND UNTIL THE FUTURE EFFECTIVE DATE IS EQUAL TO THE CURRENT PROCESS PERIOD. FOR EXAMPLE: If you access the system on April 15th and enroll an employee effective May 1st, the action will DISPLAY as a pending or future action until processing month May is reached. Then it will move to the CURRENT COVERAGE fields.

* **NOTE:** During open enrollment, health and dental plan changes with an effective date of January 1 may be entered **TWO** months into the future.

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CENTRAL PAYROLL:

This term refers to state central payroll agencies who use the on-line system for payroll, personnel and insurance.

INSURANCE ONLY:

This term refers to other PEBB participating agencies who use the on-line system for insurance only.

HOME AGENCY:

This term refers to the agency responsible for the employee's insurance employer contribution and maintaining the insurance screens.

REVIEW OF THE COMMAND LINE

(LOCATED AT THE BOTTOM OF EACH SCREEN)

NEXT FUNCTION: TYPE: SSA: AGY: SUB: PAY ACTION:
ENTER-NEXT, PF1-HELP, PF2-RETURN, PF3-SYSTEM, PF9-HISTORY

NEXT FUNCTION:

ENTER your screen choice. The screens that contain information relevant to insurance are:
A.01, A.02, A.03, A.16, A.41, A.42, A.43, A.44, A.45, A.46, A.51, A.53, A.55, A.56, A.76.

TYPE:

ENTER **"A"** (ADD), **"I"** (INQUIRE), or **"U"** (UPDATE).

SSA:

ENTER the social security number of the employee you want to access.

AGY:

ENTER your agency code.

SUB:

ENTER your sub-agency code, if applicable.

Your next choices are determined by your entry in the TYPE field.

- ♦ If you chose "I" (INQUIRE), your next choices are:

ENTER-NEXT, PF1-HELP, PF2-RETURN, PF3-SYSTEM, PF9-HISTORY

ENTER will take you to the next logical screen or the screen number you enter in the NEXT FUNCTION field.

PF1 will take you to on-line "HELP".

PF2 will return you to the personnel/payroll menu.

PF3 will take you to the system menu (Alpha Cross Reference and System Messages).

PF9 (when it shows on the command line) will take you to the history screens.

- ♦ If you chose "U" (UPDATE), your next choices are:

PF1-HELP, PF3-SYSTEM, PF4-CANCEL, PF10-UPDATE/ADD

PF1 will take you to on-line "HELP".

PF3 will take you to the system menu (Alpha Cross Reference and System Messages).

PF4 will cancel any changes if you decide not to update.

PF9 (when it shows on the command line) will take you to the history screens.

PF10 will update your changes.

- ♦ If you chose "A" (ADD), your next choices are:

PF1-HELP, PF3-SYSTEM, PF4-CANCEL, PF10-UPDATE/ADD

PF1 will take you to on-line "HELP".

PF3 will take you to the system menu (Alpha Cross Reference and System Messages).

PF4 will cancel any changes if you decide not to update.

PF9 (when it shows on the command line) will take you to the history screens.

PF10 will update the changes you make

***** A.01 - PERSON DATA *****

SOC SEC :	HOME AGY/SUB-AGY:		
LAST NAME:	SUFFIX:		
FIRST NAME:			
MIDDLE NAME:			
SHORT NAME:			
PHONE - BUSINESS/WORK:	HOME:		
ADDRESS LINE1 :	ADDR EFF DATE:		
ADDRESS LINE2 :			
ADDRESS LINE3 :	COUNTY:		
CITY:	ZIP CODE:		
BIRTHDATE:	STATE:	PERS W/DIS:	DIS-6 MO:
RACE:	GENDER:		ETHNIC:
A.A. PREF:	HISPANIC:	VET SVC YRS:	MOS: DAYS:
PROF LIC :	VET RET	EDUC :	
MAJOR :		DEGREE :	
UNBKN DT :		ANNIV D :	
SNRTY DT :		PERM ST :	
NEW SSA :			
			P2-PRT :
NEXT FUNCTION: A 01 TYPE: SSA:	AGY:	SUB:	PAY ACTION :
ENTER-NEXT SELECTION, PF1-HELP, PF2-RETURN, PF3-SYSTEM			

GENERAL SCREEN USAGE:

THE A.01 - PERSON DATA is the first screen established in the employment process. For most employees, the system creates this screen when an application for employment is entered by the Department of Personnel in the Automated Registers Maintenance System (ARMS). Person records are also created for employees of "insurance only" agencies, for individuals who receive deferred compensation pay-out, and for some retirees. Regardless of how many simultaneous or consecutive appointments employees have during the year, they should have only one person record.

When an employee works for more than one agency or sub-agency, only one can have the authority and responsibility for maintaining the person record. This agency/sub-agency is considered the home agency and is responsible for the employee's insurance.

The home agency designation is set in one of two ways:

INSURANCE ONLY: The home agency lock is set when the employee is added to the A.41 - SUBSCRIBER DATA screen.

CENTRAL PERSONNEL/PAYROLL: The home agency lock is set when the individual is first appointed on the A.02 - APPOINTMENT screen. If this agency, however, is not responsible for the employee's insurance, the designation is incorrect and this agency should transfer the lock to the appropriate agency using the A.16 - HOME AGENCY TRANSFER screen. See 26 for procedures.

If your agency is responsible for an employee's insurance, but you do not have update capability on the A.01 - PERSON DATA screen, contact the agency shown at the top of the screen in the HOME AGENCY field and request a home agency transfer. For information on how to do a home agency transfer, refer to the on-line "HELP" documentation for the A.16 - HOME AGENCY TRANSFER screen.

SOCIAL SECURITY NUMBER:

Displays the social security number that was entered on the command line.

TO CORRECT A SUBSCRIBER'S SOCIAL SECURITY NUMBER:

- 1) Request the A.01 screen in UPDATE mode, using the incorrect social security number.
- 2) Move the cursor to the NEW SSA field in the lower left portion of this screen.
- 3) Key in the correct social security number.
- 4) Press PF10.

IF IT IS NECESSARY TO CREATE A TEMPORARARY DUMMY SOCIAL SECURITY NUMBER FOR THE SUBSCRIBER:

- 1) Use your agency number for the first 3 digits.
- 2) Use the numbers, "99", for the next 2 digits.
- 3) For the last four digits, use a number created by your agency. For example; 0001.
- 4) Create a log within your agency to keep track of numbers issued. Each number issued must be unique.
- 5) **IMPORTANT!** When the subscriber or employee receives a valid social security number, follow the steps for CORRECT A SOCIAL SECURITY NUMBER (above). This will automatically transfer all prior information to the NEW SOCIAL SECURITY NUMBER record.

HOME AGY/SUB-AGY:

CENTRAL PERSONNEL/PAYROLL: Displays the agency number entered on the A.02 - APPOINTMENT DATA screen.

INSURANCE ONLY: Displays the home agency entered on the A.41 - SUBSCRIBER DATA screen. This is the OFM assigned number for each agency. If the employee is working for several agencies, the agency the employee works the most hours for would be the "home agency". The "home agency" needs to have the "home agency lock" and be responsible for the state share portion of the insurance benefit package.

LAST NAME:

ENTER the employees last name.

SUFFIX:

ENTER the name suffix, ie. JR, SR, II, III

FIRST NAME:

ENTER the employee's first name.

MIDDLE NAME:

ENTER the employee's middle name

SHORT NAME:

Displays from the long name fields (last, first, middle, and suffix). The short name can not be updated on the A.01 screen. If changes in the short name are needed, the A.99 'name change' screen will allow the short name to be changed.

PHONE – BUSINESS/WORK:

ENTER if adding an employee for the first time or if updating the home phone number. displays if inquiring on previously added employee. Must include area code.

PHONE – HOME:

ENTER the business or message phone (including area code) of the employee.

ADDRESS LINES 1, 2, 3:

Must be ENTERED when adding a person for the first time or updating the address. Displays if inquiring on previously added person. Each address line length is 30 characters. Use all 30 characters on address line 1 that are available by entering no punctuation (use Post Office punctuation standards). Address entered on line 1 will be the address used for mail delivery purposes. To remove any line of address, place your cursor at the beginning of the line and press the "ERASE EOF" key. **NOTE: When making address changes, don't forget to update the county and telephone number!**

ADDR EFF DATE:

Defaults to the current date when first establishing an employee's A.01 screen. **Must be updated if the address is changed.** ENTER the actual date (MMDDCCYY) of the move, if known. Otherwise ENTER the signature date on the employee's change form. Employees moving into or out of a carrier's service area are allowed to change health or dental plans. **NOTE: The effective date of the health or dental carrier change on the A.44 screen is the 1st of the month following the residence change.**

COUNTY:

Must be ENTERED when adding an employee for the first time. **NOTE: Don't forget to update the county code when changing an address!** An entry in this field will update the COUNTY field on the A.41 - SUBSCRIBER DATA screen. If you know the city but not the county, refer to the CITY-COUNTY CODE LIST on page 92 in this manual. Valid county codes are:

01 ADAMS	15 ISLAND	28 SAN JUAN
02 ASOTIN	16 JEFFERSON	29 SKAGIT
03 BENTON	17 KING	30 SKAMANIA
04 CHELAN	18 KITSAP	31 SNOHOMISH
05 CLALLAM	19 KITTITAS	32 SPOKANE
06 CLARK	20 KLINKITAT	33 STEVENS
07 COLUMBIA	21 LEWIS	34 THURSTON
08 COWLITZ	22 LINCOLN	35 WAHIAKUM
09 DOUGLAS	23 MASON	36 WALLA WALLA
10 FERRY	24 OKANOGAN	37 WHATCOM
11 FRANKLIN	25 PACIFIC	38 WHITMAN
12 GARFIELD	26 PEND OREILLE	39 YAKIMA
13 GRANT	27 PIERCE	Blank OUT OF
14 GRAYS HARBOR		STATE/COUNTRY

CITY:

ENTER if adding an employee for the first time or updating an address.

STATE:

ENTER if adding employee for the first time or updating an address. Valid codes are:

AL	ALABAMA	MT	MONTANA
AK	ALASKA	NC	NORTH CAROLINA

AR	ARKANSAS	ND	NORTH DAKOTA
AZ	ARIZONA	NE	NEBRASKA
CA	CALIFORNIA	NH	NEW HAMPSHIRE
CO	COLORADO	NJ	NEW JERSEY
CT	CONNECTICUT	NM	NEW MEXICO
DE	DELAWARE	NV	NEVADA
DC	DISTRICT OF COLUMBIA	NY	NEW YORK
FL	FLORIDA	OH	OHIO
GA	GEORGIA	OK	OKLAHOMA
HI	HAWAII	OR	OREGON
ID	IDAHO	PA	PENNSYLVANIA
IL	ILLINOIS	RI	RHODE ISLAND
IN	INDIANA	SC	SOUTH CAROLINA
IA	IOWA	SD	SOUTH DAKOTA
KS	KANSAS	TN	TENNESSEE
KY	KENTUCKY	TX	TEXAS
LA	LOUISIANA	UT	UTAH
MA	MASSACHUSETTS	VA	VIRGINIA
MD	MARYLAND	VT	VERMONT
ME	MAINE	WA	WASHINGTON
MI	MICHIGAN	WI	WISCONSIN
MN	MINNESOTA	WV	WEST VIRGINIA
MO	MISSOURI	WY	WYOMING
MS	MISSISSIPPI		

TERRITORY CODES:

AS	AMERICAN SAMOA
CM	NORTHERN MARIANA ISLANDS
GU	GUAM
PR	PUERTO RICO
TT	FEDERATED STATES OF MICRONESIA
TT	MARSHALL ISLANDS
TT	PALAU ISLANDS
VI	VIRGIN ISLANDS
ZZ	OUT OF COUNTRY

ZIP CODE:

ENTER the 5 or 9 digit zip code of the employee. For an address *out of country*, ENTER ZZ in the STATE field, which will allow the ZIP CODE field to remain blank or accept both alpha and numeric characters.

BIRTHDATE:

ENTER the employee's date of birth (MM DD CCYY)

Note: When correcting an employee's date of birth, re-key all fields (MM DD CCYY).

GENDER:

ENTER the gender of the employee.

M - Male, F - Female

NEW SSA: (near the bottom left of the screen)

Use this field to **correct** an employee's social security number. See SOCIAL SECURITY NUMBER on page 13.

NOTE: There are many fields on this screen following the GENDER field that are not covered in this manual. Those fields are used by state central payroll agencies only. Data is not required in those fields for "Insurance Only" agencies.

A.99 - NAME CHANGE SCREEN

The A.99 Name Change screen was developed to maintain the short name field. The additional name fields were added to the A.01 screen as a requirement for Social Security reporting. Only the short name field will be displayed on reports with the exception of DRS and IRS reporting which will have all name fields displayed.

The short name field is created by using the long name fields (last, suffix, first, and middle names) when the name is added and/or updated on the A.01 Person Data screen. The short name field may also be created from the following processes:

- Internet applications (INET)
- Automated registers (ARMS)
- Basic Health systems

The short name field is 20 characters long, which includes spaces between the suffix, first and middle name and allows for a comma following the last name.

***** A.99 - NAME CHANGE *****		MAPA991
SOC SEC	: 111 22 3333	HOME AGY/SUB-AGY: 111 D
FIRST NAME	: LUCKY	
MIDDLE NAME	: M	
LAST NAME	: PERSON	
SUFFIX	:	
SHORT NAME	: PERSON, LUCKY	
NEXT FUNCTION: A 99 TYPE: I SSA: 111 22 3333 AGY: 111 SUB: D		
INQUIRY ONLY PF1-HELP, PF2-RETURN, PF3-SYSTEM, ENTER-NEXT SELECTION		

To Access:

- Enter **A.99** on the main menu and ↔

Or

- Enter **99** in the **Next Function** field of any of the screens in the “A” system and ↔

In this order, the system will create the short name using the following format:

- 1) Entire last name or 20 characters still allowing room for a comma followed by a space
- 2) If there is a suffix and the suffix with a leading space and following comma **will fit** into the short name field it will display as: a space, suffix, comma and a following space
- 3) If there is a suffix and the suffix with a leading space and following comma **will not fit** into the short name field it will display as: a comma and following space. No attempt will be made to insert any portion of the first or middle names.
- 4) If there **is no suffix**, a comma followed by a space and as much of the first name as will fit, will be inserted into the short name field.
- 5) If there **is a suffix**, a comma followed by a space and as much of the first name as will fit, will be inserted into the short name field.
- 6) As much of the middle name with a space will be inserted into the short name.

Examples:

Long name

JOHNSON JR, JOHN ROBERT
SMITH-BARNEY III, JAMES PAUL
GONZALES DE SANTANA, MARIA ANN

Short name

JOHNSON JR, JOHN ROB
SMITH-BARNEY III, JA
GONZALES DE SANTAN,

Updating the short name field:

- Enter “**U**” in the **TYPE** field
- Enter the employee’s SSN
- Update the short name
- ☐ to save the changes

This will automatically update the short name field on the A.01 screen.

*****A.02 - APPOINTMENT DATA*****

AGENCY :		SUB AGY :	
SOC SEC # :		NAME :	
FROM AGY :		FROM SUB :	
ACT CODE :		EFF DT :	
ORG :		COUNTY :	
M SYS :		ATTN UNT :	
MGMT LVL :		POS NO :	
JOB CLS :		CLASS :	
P TIME % :		BARG UNT :	
RANGE :		STEP :	
SALARY :		SAL UNIT :	
RT EXCP :		UND FILL :	
SPEC PAY :		INCR DT :	
APPT DT :		APPT ST :	
WK TITLE :		REVIEW DATE :	
HIRE DT :	PERS HOL:	UI COV :	
NEW ORG:	ORG EFF DT:	ACCM HRS :	

NEXT FUNCTION: TYPE: SSA: AGY: SUB: PAY ACTION:
 ENTER-NEXT,PF1-HELP,PF2-RETURN,PF3-SYSTEM,PF4-CANCEL,PF10-UPDATE

GENERAL SCREEN USAGE: (FOR CENTRAL PERSONNEL/PAYROLL ONLY)

THE A.02 - APPOINTMENT screen is used to appoint employees into your agency or sub-agency, appoint employees within your agency (promotions, etc.) and to update appointment-related data. If your newly appointed employee is eligible for insurance benefits, continue to the A.41 - SUBSCRIBER DATA screen. . If your new employee is not eligible for insurance benefits, you will not need to access the A.40 screens.

Note: The Section 125 (Pretax) indicator on the A.74 - MANDATORY DEDUCTIONS screen will automatically get set to Y (yes) when insurance eligibility is established on the A.41 screen

VALID ACTION CODES FOR THIS SCREEN ARE: 200's (appointment into agency), 300's (in-service changes, e.g. leave without pay), 600's (appointment into sub-agencies with same agency), 911 (supersede a transfer), and 912 (supersede a termination). For code definitions, use the "action code" help documentation through ASSIST GT.

ORIGINAL APPOINTMENTS:

To appoint an employee into your agency who is new to state service (without an existing person record on the A.01 screen):

On the command line: ENTER "02" in the NEXT FUNCTION field, "A" (add) in the TYPE field and press ENTER. Fill in all of the appointment screen data necessary for the appropriate merit system requirements. You will need to use a 200 series appointment action code. See Table 1 in the "HELP" documentation for action codes.

TRANSFER APPOINTMENTS:

Central pay agencies can receive transferred employees from higher education institutions and educational service districts without a termination in their insurance. Enter the information just as you would if you were transferring (appointing) the employee in from another central personnel/payroll office.

NOTE: WHEN A TRANSFER OCCURS AT ANY TIME PRIOR TO THE END OF THE MONTH, THE LOSING AGENCY IS RESPONSIBLE FOR PAYING STATE SHARE FOR THAT MONTH. THE GAINING AGENCY WILL NOT BE BILLED FOR STATE SHARE UNTIL THE MONTH FOLLOWING THE TRANSFER DATE.

To transfer (appoint) an employee into your agency, on the command line: ENTER "U" (update) in the TYPE field, the social security number and the agency code. The system displays information from the A.02 so the gaining agency can appoint an employee prior to the losing agency terminating or transferring the employee. This allows agencies to pay a transferred employee who has not yet been terminated from the previous agency. ENTER all of the data necessary to fulfill the appropriate merit system requirements, with a 200 or 300 series appointment action code. See Table 1 in the "HELP" documentation for action codes. You will not be able to access the A.01 screen or the A.41 screen until the losing agency has completed their termination or transfer action.

Note: The Section 125 (Pretax) indicator ("Y" - Yes or "N" - No) on the A.74 - MANDATORY DEDUCTIONS screen will transfer from the losing agency to the gaining agency.

RE-EMPLOYMENT OF PREVIOUSLY TERMINATED/TRANSFERRED EMPLOYEES:

When re-appointing an employee, ENTER "A" (add) in the TYPE field to request the appointment screen. Use a 200 or 300 series action code, verify existing data and ENTER any changes.

IN-SERVICE CHANGES (LEAVE WITHOUT PAY):

When an employee goes on leave without pay and has no pay status to qualify for employer-paid benefits, term insurance eligibility on the A.41 screen effective ***the end of the month***.

AGENCY/SUB-AGENCY:

Displays the agency/sub-agency code entered on the command line.

SOC SEC #:

Displays the social security number entered on the command line.

NAME:

Displays the name associated with the social security number.

FROM AGENCY:

ENTER the code of the agency where the employee previously worked.

FROM SUB-AGY:

ENTER the sub-agency code where the employee previously worked.

ACTION CODE:

ENTER the action code that best describes this action. See Table 1 on the "HELP" screens.

EFFECTIVE DATE:

ENTER the effective date of this action (MMDDCCYY).

***** A.03 - TRANSFER/TERMINATE*****

SOC SEC # : NAME :

ACTION CODE : EFF DATE :

TERMINATING AGENCY: AGY - SUB AGY -

NEXT FUNCTION: TYPE: SSA: AGY: SUB: PAY ACTION:
PF1-HELP, PF3-SYSTEM, PF4-CANCEL, PF10-UPDATE

GENERAL SCREEN USAGE: (FOR CENTRAL PERSONNEL/PAYROLL ONLY)

The A.03 - TERMINATE/TRANSFER screen has three functions. You may use it to: 1) terminate an employee from state service, 2) transfer an employee, or 3) to supersede an appointment or a transfer out. All of these actions are accomplished by entering the appropriate ACTION CODE and EFFECTIVE DATE on the screen and pressing PF10. All other fields on this screen are pulled from the command line.

Central pay agencies can transfer employees to higher education institutions and educational service districts (**but not to K12 school districts or political subdivisions**) without a termination in their insurance. Enter the information just as you would if you were transferring the employee to another central personnel/payroll office.

NOTE: WHEN A TRANSFER OCCURS AT ANY TIME PRIOR TO THE END OF THE MONTH, THE LOSING AGENCY IS RESPONSIBLE FOR PAYING STATE SHARE FOR THAT MONTH. THE GAINING AGENCY WILL NOT BE BILLED FOR STATE SHARE UNTIL THE MONTH FOLLOWING THE TRANSFER DATE.

VALID ACTION CODES FOR THIS SCREEN ARE:

400's (transfers out of agency), 500's (termination from state service), 700's (sub-agency separation/inter-agency transfers), and 910 (supersede an appointment).

TERMINATION OF APPOINTMENT, DEATH, RIF or RETIREMENT:

To terminate an employee due to resignation, dismissal, death, reduction-in-force or retirement: ENTER an ACTION CODE and an EFFECTIVE DATE. See Table 1 on the "HELP" screens for the appropriate 500 series action code. A 500 series termination action will automatically cancel an employee's insurance enrollment on the A.41 - A.46 screens effective the **last day of the month** of termination.

If your employee is transferring to a higher-education institution, educational service district or to another central pay agency, DO NOT TERMINATE THE COVERAGE! Use a 400 series transfer code.

IMPORTANT NOTE: EMPLOYEES WHO TERMINATE, DECEASE, OR RETIRE OWE A FULL MONTH'S PREMIUM FOR THEIR MEDICAL EMPLOYEE CONTRIBUTION, OPTIONAL LIFE AND OPTIONAL LONG TERM DISABILITY. THE SYSTEM WILL PROMPT YOU TO TAKE A FULL MONTH'S DEDUCTION. **PLEASE REMEMBER TO DEDUCT THE FULL PREMIUM FROM THEIR LAST PAYCHECK.**

TRANSFERS:

To transfer an employee, ENTER the ACTION CODE and EFFECTIVE DATE. Remember to use a 400 series action code so that insurance will not be interrupted. All person and appointment data is held in suspense for the gaining agency, who must then enter the action code and effective date.

Note: The Section 125 (Pretax) indicator ("Y" - Yes or "N" - No) on the A.74 - MANDATORY DEDUCTIONS screen will transfer from the losing agency to the gaining agency.

Until the home agency lock is released through a transfer action, the gaining agency will not be able to access the employee's A.01 screen or A.41 - A.46 screens. Therefore, to accommodate the gaining agency, you should do a transfer action as soon as possible after the employee leaves your agency. You can wait until after the employee's last payroll has processed before doing the transfer.

However, if the employee will be receiving pay in both old and new agencies, you must coordinate with the employee's new agency so that duplicate deductions are not taken.

Once an employee is transferred out, all deduction, appointment and insurance data is held in suspense until the employee is appointed in another agency. Insurance is continued without a lapse in coverage. The gaining agency becomes responsible for the state share payment with the next month's insurance process. If the losing agency does not collect all of the optional premiums, the owed amount will follow the employee to the gaining agency and it will be the responsibility of the gaining agency to make the adjustment.

NOTE: DON'T FORGET TO SEND THE EMPLOYEE'S ORIGINAL INSURANCE FORMS TO THE GAINING AGENCY!

SUPERSEDE ACTIONS:

Use this screen to supersede certain personnel actions. USE CAUTION!

ACTION CODES AND DESCRIPTIONS:

-
- 910 (Supersede an appointment) Use this code when an appointment has been established, but the appointee fails to report for work.
- 911 (Supersede a transfer) Use this code when an agency transfer/separation has been completed, but the employee remains in the position or the effective date is invalid.

SOC SEC #:

Displays the social security number entered on the command line.

NAME:

Displays the subscriber's name.

ACTION CODE:

ENTER the most appropriate action code from TABLE 1 of the "HELP" documentation.

EFF DATE:

ENTER the effective date of the action. (MMDDCCYY)

TERMINATING AGENCY:

Displays the agency code entered on the command line.

*****A.16 - HOME AGENCY TRANSFER*****			
SOC SEC #	:	NAME:	
CURRENT HOME AGCY	:	AGY - SUB AGY -	LOCK -
NEW HOME AGENCY	:	AGY - SUB AGY -	
EFF DATE	:		
NEXT FUNCTION:		TYPE:	SSA: AGY: SUB: PAY
ACTION:			
PF1-HELP, PF3-SYS, PF3-HELP, PF4-CANCEL, PF10-UPDATE			

GENERAL SCREEN USAGE: (FOR CENTRAL PERSONNEL/PAYROLL ONLY)

THE A.16 - HOME AGENCY TRANSFER screen was created to enable a **CENTRAL PAY** agency to transfer the "home agency lock" (for insurance) to another **CENTRAL PAY** agency or **INSURANCE ONLY** agency. There are times when the "home agency" is no longer responsible for the state share portion of the employee's insurance. For example:

- 1) In the case of dual employment when the employee is now working more hours in the non-home agency.
- 2) When an employee has multiple appointments and terminates from the "home agency" and the system randomly assigns a new "home agency".
- 3) When an employee goes on self-pay and the home agency lock needs to be released in order for the HCA to pick up the employee.

INSURANCE ONLY: You will not use this screen. Do all transfers on the **A.41** screen.

CENTRAL PERSONNEL/PAYROLL: Continue to do all termination or transfer actions on the **A.03** screen. Only use the A.16 screen to transfer the "home agency lock" after notification by the new "insurance responsible agency". The A.16 - HOME AGENCY TRANSFER action will move the person information to the "insurance responsible agency" *without changing any of the appointment screen information*. Only the agency that retains the "lock" may update on this screen. An "UNAUTHORIZED REQUEST" message will be encountered by any other agency. If you are the current "HOME AGENCY" and are requested to use this screen to transfer the "home agency lock" to another agency, on the command line ENTER "U" in the TYPE field, the social security number in the SSA field, and press enter.

SOCIAL SECURITY #:

Displays the social security number entered on the command line.

NAME:

Displays the subscriber's name.

CURRENT HOME AGENCY:

Displays the current home agency.

LOCK:

Displays the status of the "home agency lock" for the current agency. The system will automatically set the lock to "Y" if an appointment is entered by a CENTRAL PAYROLL agency or if an INSURANCE ONLY agency establishes eligibility on the **A.41** screen. Valid codes are:

"Y" - The lock is set with the agency shown.

"N" - The lock is not set.

"BLANK" - The lock is not set.

NEW HOME AGENCY:

When you access this screen in update mode, the system will place the cursor in the NEW HOME AGENCY field. ENTER the new agency's code in the NEW HOME AGENCY and SUB AGENCY fields.

EFF DATE:

ENTER the effective date (MMDDCCYY) given to you by the gaining agency. This is the gaining agency's original effective date. An entry in this field will update the AGY EFF/END DATE on the A.41 - SUBSCRIBER DATA screen. Change the NEXT FUNCTION on the command line to "01" and the TYPE to "I" and press PF10. This will return you to the A.01 screen where you can verify that the home agency lock has been changed in the AGENCY/SUBAGENCY fields.

NOTE: If you do not change the command line information before pressing PF10, you will receive an "UNAUTHORIZED REQUEST" message. This does not mean that the home agency transfer was not accomplished. The error message is telling you that your request on the command line is erroneous. You can verify the update by going to the A.01 screen.

****A.41 - SUBSCRIBER DATA****			
SOC SEC NBR	:	NAME	:
HOME AGENCY	:	HOME SUB AGENCY	:
TRANSFER REASON	:	TRANSFER EFF DATE	:
HOME PHONE	:	BUSINESS/MSG PH	:
MAIL STOP	:	COUNTY	:
ELIG CODE	:	ELIG EFF DATE	:
QUALIFY REASON	:	COBRA/SELF END DT	:
PENDING ELIG CODE	:	PENDING EFF DATE	:
ORIG SOC SEC NUM	:	ORIG AGENCY	:
APPT STATUS	:	AGY EFF/END DATE	:
PAY METHOD	:	MONTHLY SALARY	:
MARITAL STATUS	:	DECEASED DATE	:
MARRIAGE DATE	:	RETIRED DATE	:
SPOUSE DIV/DEC DATE:			
NEXT FUNCTION: TYPE: SSA: AGY: SUB: PAY ACTION:			
ENTER-NXT, PF1-HELP, PF2-RTN, PF3-SYSTEM, PF9-HISTORY			

GENERAL SCREEN USAGE:

THE A.41 - SUBSCRIBER DATA screen is used to establish the subscriber's insurance eligibility for HEALTH, DENTAL, LIFE AND LONG TERM DISABILITY insurance. The employee's home agency is responsible for maintaining the insurance screens and paying the employer share of the benefit package. CENTRAL PERSONNEL/PAYROLL agencies establish the "home agency lock" on the A.02 screen and INSURANCE ONLY agencies establish the home agency on the A.41 screen. When employees become eligible for insurance, they will be enrolled in HEALTH, DENTAL, BASIC LIFE and BASIC LTD coverage. However employees may decline medical coverage for themselves and any or all dependents, if they have other medical coverage. **(Refer to 45 for declining medical on an employee, page 37 for waiving medical or dental on dependents).**

Note: For State agencies, the Section 125 (Pretax) indicator on the A.74 - MANDATORY DEDUCTIONS screen will automatically be set to Y (yes) when insurance eligibility is established on the A.41 screen.

STATE CENTRAL PAYROLL AGENCIES: If changes are made on the A.41 screen while there is a one-time regular payroll action on file, the screens will display the message "CAUTION! A ONE TIME REG PAY IS ON FILE". When this caution is received, you will need to verify the insurance deduction amounts on the one-time action to ensure that the correct amount will be deducted. This caution does not affect insurance only agencies.

If an employee is not eligible for insurance, you will not need to access screens A.41 - A.46.

This screen always displays the subscriber's current data. You may look at previous eligibility data by pressing PF9 to access the A.51 - SUBSCRIBER HISTORY screen.

TRANSFERS, LWOP AND TERMINATIONS:

Central personnel/payroll can transfer employees to higher education institutions and educational service districts (**but, not to K12 school districts or political subdivisions**) without terminating an employee's insurance.

Higher education institutions and educational service districts can transfer to other higher education institutions, educational service districts or state agencies (**but, not to K12 school districts or political subdivisions**) without terminating an employee's insurance.

NOTE: WHEN A TRANSFER OCCURS AT ANY TIME PRIOR TO THE END OF THE MONTH, THE LOSING AGENCY IS RESPONSIBLE FOR PAYING STATE SHARE FOR THE WHOLE MONTH. THE GAINING AGENCY WILL NOT BE BILLED FOR STATE SHARE UNTIL THE MONTH FOLLOWING THE TRANSFER DATE.

CENTRAL PERSONNEL/PAYROLL:

TRANSFERS: When transferring an employee to another central payroll agency or to an insurance only agency, ***you must use a 400 SERIES ACTION CODE on the A.03 screen so the insurance does not terminate on the A.41 - A.46 screens.***

LWOP, APPEAL STATUS OR RECEIVING TIME LOSS BENEFITS UNDER WORKER'S COMP FOR DISABILITY: If the employee still has an appointment, but has less than 8 hours of pay status per month to qualify for insurance benefits, ENTER an "N" in the ELIG CODE field and ENTER ***the last day of the month*** in the ELIG EFF DATE field on the A.41 screen. If the termination date is in the current processing month, the system will display the term in the pending fields on screens A.41 through A.46. The pending term will move to the current fields and premiums displayed on the screens will be recalculated when invoicing occurs for the following month.

TERMINATION OF APPOINTMENT, DEATH, RIF or RETIREMENT: When a term action is entered on the A.03 screen, insurance will be automatically terminated on the A.41 - A.46 screens effective ***the end of the month of termination***. It is not necessary to update the A.41 before going to the A.03 screen. If the termination date is in the current processing month, the system will display the term in the pending fields on screens A.41 through A.46. The pending term will move to the current fields and premiums displayed on the screens will be recalculated when invoicing occurs for the following month.

INSURANCE ONLY:

TRANSFERS: When transferring an employee to or from another higher education institution, state agency or educational service district, ENTER the action code in the TRANSFER REASON field (see transfer codes on page 29) and the effective date in the TRANSFER EFFECTIVE DATE field on the A.41 screen. Transferred employee's will not have their insurance interrupted on the A.41 - A.46 screens.

DEATH OF EMPLOYEE, TERMINATION OF APPOINTMENT, LWOP, RIF, REVERSION, APPEAL STATUS, RECEIVING TIME LOSS UNDER WORKER'S COMP, RETIREMENT OR APPLYING FOR DISABILITY RETIREMENT: ENTER an "N" in the ELIG CODE field and in the ELIG EFF DATE field ENTER ***the last day of the month*** in which the employee last had eight hours of pay status. If the termination date is in the current processing month, the system will display the term in the pending fields on screens A.41 through A.46. The pending term will move to the current fields and premiums displayed on the screens will be recalculated when invoicing occurs for the following month.

IMPORTANT NOTE: EMPLOYEES WHO TERMINATE, DECEASE, OR RETIRE OWE A FULL MONTH'S PREMIUM FOR THEIR OPTIONAL LIFE AND OPTIONAL LONG TERM DISABILITY. **PLEASE REMEMBER TO DEDUCT THE FULL PREMIUM FROM THEIR LAST PAYCHECK.**

SOCIAL SECURITY NUMBER:

Displays the social security number that was entered on the command line.

NAME:

Displays the subscriber's name from the A.01 screen. To make changes, use the A.01 screen.

HOME AGENCY:

CENTRAL PERSONNEL/PAYROLL: Displays from the A.01 screen.

INSURANCE ONLY: ENTER your home agency code.

HOME SUB/AGY:

CENTRAL PERSONNEL/PAYROLL: Displays from the A.01 screen.

INSURANCE ONLY: ENTER the home sub-agency code.

TRANSFER REASON: (Do not use this field to transfer an employee to self-pay/COBRA)

FROM CENTRAL PAYROLL TO INSURANCE ONLY:

CENTRAL PAYROLL will continue to use the A.03 screen for all transfers using a 400 series action code. After central payroll has completed their transfer out action on the A.03, the INSURANCE ONLY agency will ENTER on the A.41 screen the new HOME AGENCY, a **201** code in the TRANSFER REASON field and the *transfer-in date* in the TRANSFER EFF DATE field. This will set the home agency lock to the insurance only agency.

FROM INSURANCE ONLY TO CENTRAL PAYROLL:

The INSURANCE ONLY agency will ENTER a **401** transfer out code in the TRANSFER REASON field and the *transfer-out date* in the TRANSFER EFF DATE field. CENTRAL PAYROLL will appoint the person on the A.02 screen with a 200 series code.

FROM INSURANCE ONLY TO ANOTHER INSURANCE ONLY:

The LOSING AGENCY will ENTER a **401** code in the TRANSFER REASON field and the *transfer-out date* in the TRANSFER EFF DATE field. The GAINING AGENCY will then ENTER the new HOME AGENCY, a **201** action code in the TRANSFER REASON field and the *transfer-in date* in the TRANSFER EFF DATE field.

SELF-PAY RETIREES & PENSION DEDUCTION RETIREES: (HCA only)

For eligibility codes R (retiree), K (K12 retiree), ENTER a **101** (transfer-out) action code in the TRANSFER REASON field and the effective date in the TRANSFER EFFECTIVE DATE field and update. Then ENTER the new HOME AGENCY code, a **701** (transfer-in) action code in the TRANSFER REASON field and the effective date in the TRANSFER EFFECTIVE DATE field.

(NOTE: Remember to change the PAY METHOD field when transferring in retirees.)

HEALTH CARE AUTHORITY SELF-PAY ONLY - RIF:

For eligibility type S (self-pay 107RIF to 107X), to transfer out ENTER a **101** action code in the TRANSFER REASON field and the effective date in the TRANSFER EFF DATE field. To transfer in, ENTER a **701** action code in the TRANSFER REASON field and the effective date in the TRANSFER EFF DATE field.

TRANSFER EFF DATE:

ENTER the transfer in or transfer out date (MMDDCCYY). See above for details on when to use this field.

HOME PHONE:

Displays from the A.01 screen. To make changes, use the A.01 screen.

BUSINESS/MSG PHONE:

Displays from the A.01 screen. To make changes, use the A.01 screen.

MAIL STOP:

ENTER the mail stop of the employee's work location.

COUNTY:

Displays the county code from the A.01 screen. To make changes, use the A.01 screen.

ELIG CODE:

ENTER the code which describes the subscriber's eligibility. Valid codes for active employees are:

- Y - Eligible active employee (State, Higher Ed, ESD's, K12 School Districts and Political Sub-Divisions paying composite rate)
- X – Eligible active employee (ESD's, K12 School Districts and Political Sub-Divisions paying a tiered rate.
- N - Not eligible

RETIREMENT SYSTEMS:

- R - Retiree (State/Higher Ed/Political Sub-Division)
- K - Retiree (K-12)
- N - Not Enrolled

HEALTH CARE AUTHORITY:

- | | |
|---|---|
| X - K12 & Pol Sub Active Employee (Tiered rate) | |
| Y - Active (Composite Rate) | N - Not Enrolled |
| S - Self-Pay (LWOP/RIF) | R - Retiree (State/Higher Ed/Political Sub) |
| E- Self-Pay Dental Only | K - Retiree (K12) |
| C - COBRA (Active State) | V - UMP Conversion Plan 1 |
| G - COBRA Retiree (State) | W - UMP Conversion Plan 2 |
| D - COBRA Retiree (K-12) | |
| T - COBRA Dental Only | |

ELIG EFF DATE:

When enrolling a subscriber, ENTER the coverage effective date * (MMDDCCYY).

When terminating a subscriber, ENTER the last day of the month *. (MMDDCCYY)

* COVERAGE EFFECTIVE AND END DATE RULES:

Effective January 1, 1996

- ♦ PERMANENT, SEASONAL, CAREER SEASONAL AND INSTRUCTIONAL YEAR EMPLOYEES: Coverage begins on the first day of the month following the date of employment. If the date of employment begins on the first working day of the month, coverage begins on the date of employment.
- ♦ NON-PERMANENT EMPLOYEES: Coverage begins on the first day of the seventh calendar month following the date of employment.
- ♦ PART-TIME FACULTY: Coverage begins on the first day of the month following the beginning of the second consecutive quarter/semester of half-time or more employment. If the first day of the second consecutive quarter/semester is the first working day of the month, coverage begins at the beginning of the second consecutive quarter/semester.
- ♦ COVERAGE WILL END on the last day of month in which employment ends (or through the end of the month that an employer contribution has been paid).

NOTE: For adds, terminations or changes prior to the LOWER LIMIT DATE (see page 7).

QUALIFY REASON: (For use by HCA only)

This field is used by HCA when enrolling an employee or dependent in COBRA. ENTER the code that describes the reason the enrollee qualifies for COBRA. Valid codes are:

A - Ex-Spouse	B - Ex-Dependent
C - Ex-Subscriber	D - Surviving Spouse or Dependent
P - Ex-Dependent Parent	

COBRA/SELF END DATE: (For use by HCA only)

This field is used by HCA when enrolling an employee or dependent in self-pay or COBRA. ENTER the COBRA or Self-Pay end date (MMDDCCYY).

For eligibility code:	This date can be no more than:
S, E	29 months from ELIG EFF DATE
C, G, D, T	36 months from ELIG EFF DATE

PENDING ELIG CODE:

Displays the code entered in the ELIG CODE field if the eligibility change is in the future. Or if terminating eligibility with an effective date in the current processing month.

To have pending eligibility erased, please call Glenda Fairchild at HCA, phone (360) 412-4229.

PENDING EFF DATE:

Displays the future effective date entered in the ELIG EFF DATE field. Or if terminating eligibility with an effective date in the current processing month.

ORIGINATING SSN: (For use by HCA and DRS only)

This field is used by HCA when enrolling an employee or dependent in self-pay or COBRA. ENTER the social security number of the subscriber from whom enrollment originated. This is a cross reference field to identify where COBRA dependents and surviving spouses first established eligibility.

ORIG AGENCY: (For use by HCA and DRS only)

This field is used by HCA when enrolling an employee or dependent in self-pay or COBRA. ENTER the agency code of the last agency responsible for coverage.

NOTE: For K-12 retirees, ENTER agency code for the school district from which the enrollee retired.

APPT STATUS:

CENTRAL PERSONNEL/PAYROLL: Displays from the A.02 screen.

INSURANCE ONLY: These codes are not required.

NOTE: This code should be updated each time the appointment status of the employee changes. Example: From permanent (code 1) to emergency (code 5).

AGY EFF/END DATE:

If the eligibility code is one for enrolling a subscriber, this field will display the ELIG **EFFECTIVE** DATE field. If the ELIG CODE is N (not enrolled), this field will DISPLAY the ELIG **END** DATE.

PAY METHOD:

ENTER the payment method which corresponds to the subscriber's eligibility. The valid entries are:

"D" = Deduction

"S" = Self-Pay (HCA only)

If the ELIG CODE entered on this screen is:

Y or X (active), ENTER "D" (deduction)

R, K (retired) **(for use by HCA and DRS only)**, ENTER "S" (self-pay) or ENTER "D" (deduct from retirement check).

S, E (self-pay) or C, D, G, T (COBRA) **(for use by HCA only)**, ENTER "S" (self-pay)

MONTHLY SALARY:

CENTRAL PERSONNEL/PAYROLL: Displays from the A.02 screen. For hourly employees, the system will compute the monthly salary.

POLITICAL SUBS, ESD'S AND K-12: ENTER the monthly salary when enrolling an employee and **remember to update this field when salary changes** .

HIGHER EDUCATION: ENTER the monthly salary when enrolling an employee and **remember to update this field when salary changes** .

*** Correct salary is required in order for the insurance system to calculate the correct optional LTD premium and for Part C Max life insurance automatic increases.**

MARITAL STATUS:

ENTER the marital status of the subscriber. Valid codes are:

"M" (Married)

"S" (Single)

NOTE: "M" must also be used when adding a same-sex domestic partner.
When entering a divorce date or termination date of a same sex domestic partner relationship, marital status must be changed to "S" (single).

DECEASED DATE: (For use by HCA and DRS only)

ENTER the deceased date (MMDDCCYY) of the subscriber. NOTE: Entering a deceased date on this screen **does not** terminate the subscriber's insurance.

MARRIAGE DATE:

ENTER the last marriage date (MMDDCCYY) for a spouse or the established eligibility date for same sex domestic partner, if current status is married.

RETIRED DATE: (for use by HCA and DRS only)

ENTER the subscriber's retirement date (MMDDCCYY).

SPOUSE DIV/DEC DATE:

Refer to page 7 if the divorce date is before the lower limit date.

Use this field when an employee divorces, the spouse has deceased or a same-sex domestic partner no longer qualifies. ENTER the divorce date (MMDDCCYY) of the subscriber or the spouse's date of death. This will default the RELATIONSHIP field of the spouse to an "X" and will automatically term the spouse's health, dental and life insurance effective the end of the month in which the divorce/death occurred.

Note: If the divorce or spouse deceased effective date entered in this field is in the current processing month, the system will display the spouse term date in the pending fields on the A.43 and A.45 screens. The spouse relationship will not be changed to "X" on the A.43 screen and the employee premium will not be recalculated on the A.44 and A.45 until the next month's invoicing.

RELATIONSHIP:

Displays the dependent's relationship to the subscriber. Valid codes are:

S – Spouse or Same Sex Domestic Partner

C - Son

D - Daughter

F – Extended Dependent (formerly referred to as foster child)

2 - Spouse of surviving spouse (retirees)

X - Ex-spouse (defaults when the SPOUSE DIV/DEC DATE field is updated on the A.41 screen)

SSA:

Displays the social security number of each dependent.

NAME:

Displays the name of each dependent.

CURRENT HLTH/DNTL:

Displays the eligibility code "Y" if the spouse/dependent is currently enrolled.

Displays the eligibility code "N" if the spouse/dependent is currently not enrolled or has waived medical coverage.

PENDING HLTH/DNTL:

Displays the eligibility code "Y" if the dependent is pending enrollment.

Displays the eligibility code "N" if the dependent is pending termination or pending health waiver.

TO ADD A DEPENDENT, SEE PAGE 36.

*****A.43 - SPOUSE AND DEPENDENTS DATA *****

```

SUBSCRIBER SOC SEC   :                SUBSCR NAME           :

-----DEPENDENT DATA-----
DEPND SOC SEC       :                DEPEND NAME           :
GENDER              :                RELATIONSHIP          :
MEDICARE - A        :                BIRTHDATE             :
MEDICARE - B        :                QUAL REASON            :

CERTIFICATION IND:    CERT EFF DATE:    CERT END DATE:

          -----CURRENT-----          -----PENDING-----
          ENROLLED  EFF DATE  PREM DATE    ENROLLED  EFF DATE

HEALTH  :
DENTAL  :
PHYS/CLINIC:                DENTAL CLINIC:
ADDRESS (IF DIFFERENT FROM SUBSCRIBER):
  ADDR LINE 1:
  ADDR LINE 2:
  CITY:                STATE:                ZIP:
NEW DEPENDENT SSA:
NEXT FUNCTION:  TYPE:  SUBS SSA:                DEPEND SSA:
                  AGENCY:                SUB:                PAY ACTION:
ENT-NXT,PF1-HELP,PF2-RTN,PF3-SYS,PF4-CANC, PF9-HIST, PF10-UPDATE/ADD

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GENERAL SCREEN USAGE:

THE A.43 - SPOUSE AND DEPENDENT DATA screen is used to enroll a subscriber's spouse and dependents in the insurance system. The information on this screen is unique to the individual dependent. Any changes that would affect a dependent's coverage will need to be done on their A.43 screen. **NOTE: If the subscriber has no enrolled dependents or is waiving both medical and dental coverage on a new dependent, you can skip this screen and proceed to the A.44 screen.**

STATE CENTRAL PAYROLL AGENCIES: If changes are made on the A.43 screen while there is a one-time regular payroll action on file, the screens will display the message "CAUTION! A ONE TIME REG PAY IS ON FILE". When this caution is received, you will need to verify the insurance deduction amounts on the one-time action to ensure that the correct amount will be deducted. This caution does not affect insurance only agencies.

This screen always displays the dependent's most CURRENT enrollment data. You may look at previous enrollment data by pressing PF9 to access the A.53 - SPOUSE AND DEPENDENT HISTORY screen.

If you add dependents who are students (between age 20 and 24), extended dependents (relationship "F") or disabled children (over age 19), your entry will pend for HCA approval.

TO ENROLL_A SPOUSE OR DEPENDENT:

Bring up the subscriber's A.42 screen. On the command line, type A.43 in the NEXT FUNCTION field, "A" (add) in the TYPE field, and press ENTER again. This will display another field on the command line called DEPEND SSA. Type in the dependent's social security number and press ENTER. This will give you a blank dependent screen with the cursor at the top for entering the dependent's data.

NOTE: If the employee declines medical coverage, dependents cannot be enrolled in medical. However, dependents may still be enrolled in dental coverage.

DUMMY DEPENDENT SSN: Every effort should be made to enter a valid SSN for a spouse or dependent. However, if it is necessary to create a temporary dummy SSN for a dependent without a valid social security number, use 999-99-0001, 0002, etc. ***IMPORTANT! Notify the employee to report the dependent's correct social security number to you as soon as possible.***

TO TERM AN INELIGIBLE SPOUSE OR DEPENDENT:

SPOUSE: **Divorces prior to the lower limit date see page 7.** To cancel coverage for a divorced or deceased spouse or same-sex domestic partner, use the A.41 screen. On the A.41 screen, change MARITAL STATUS to single ("S") and enter the divorce date or the termination date of same-sex domestic partner relationship. For death of spouse/ same sex-domestic partner's enter the date of death in the SPOUSE DIV/DEC DATE field. This transaction will automatically terminate the spouse/same-sex domestic partners health/dental coverage on the A.43 screen and life insurance (if any) on the A.45 screen effective the end of the month in which the divorce or death occurred.

DEPENDENT: **Dependent terms prior to the lower limit date see page 7.** To cancel coverage for a dependent child who is no longer eligible, change the HEALTH ENROLLED and DENTAL ENROLLED fields to "N" and enter the date coverage is to be cancelled in the EFF DATE fields. Disabled and Extended Dependent terms can only be done by HCA. Send the enrollment change form to HCA or submit the request on the A.56 screen.

Note: Coverage must always be termed effective the last day of the month.

Note: If dependent term date is in the current processing month, the system will display the dependent term in the pending field on the A.43 screen and the premium will not be recalculated on the A.44 screen until the next month's invoicing.

NOTE: If an employee's eligibility is terminated on the A.41 screen, the transaction will automatically term any enrolled dependents on the A.43 screen.

TO WAIVE MEDICAL OR DENTAL COVERAGE FOR A SPOUSE OR DEPENDENT:

For current enrolled coverage ENTER an "N" (not enrolled) in the HEALTH ENROLLED or DENTAL ENROLLED field and the **last day of the month** in the EFF DATE field.

For new employee's dependents waiving both medical and dental coverage, do not add the spouse or dependent. Non-enrollment of coverage cannot be entered into the system at this time.

For new employee's dependents enrolling in medical and waiving dental or enrolling in dental and waiving dental, enter "Y" (enrolled) and "N" (not enrolled) in the HEALTH or DENTAL ENROLLED fields. The health or dental effective date will be the employee's insurance effective date. (***Note: The code "D" is not valid on the A.43 screen for declining medical coverage.***)

Note: If the subscriber declines medical coverage: When a "D" is entered in the HEALTH ENROLLED field on the A.44 screen, the transaction will automatically change the "Y" to an "N" in the HEALTH ENROLLED field on the A.43 screen for each dependent who was enrolled. ***NOTE: Dependents who waive medical will still be allowed to remain enrolled in dental coverage.***

Note: If the spouse/dependent termination of coverage date is in the current processing month, the system will display the dependent term in the pending health field on the A.43 screen and the premium will not be recalculated on the A.44 screen until the next month's invoicing.

TO RE-ENROLL COVERAGE THAT WAS WAIVED:

Dependents medical or dental coverage may be reinstated during any open enrollment with a January 1st effective date. ENTER a "Y" in the HEALTH or DENTAL enrolled field and the effective date in the EFF DATE field. Re-enrollment at any other time requires proof of continuous coverage and HCA approval. Do not attempt to re-enroll coverage outside of open enrollment send the enrollment forms and proof of loss of other coverage to HCA for processing.

SUBSCR SOC SEC:

Displays the subscriber's social security number that was entered on the command line.

SUBSCR NAME:

Displays the subscriber's name.

DEPEND SOC SEC:

Displays the dependent's social security number that was entered on the command line.

DUMMY DEPENDENT SSN: Every effort should be made to enter a valid SSN for a spouse or dependent. However, if it is necessary to create a temporary dummy SSN for a dependent without a valid social security number, use 999-99-0001, 0002, etc. ***IMPORTANT! Notify the employee to report the dependent's correct social security number to you as soon as possible.***

To correct a dependent's social security number, refer to NEW DEPENDENT SSA on page 37.

DEPEND NAME:

ENTER the dependent's last name, comma, space, first name, space and middle initial. This field must include a comma and a space following the last name. If the dependent has only one name (e.g. Madonna), this field will allow it if the name is followed by a comma.

GENDER:

ENTER the gender of the dependent.
M = Male F = Female.

RELATIONSHIP:

ENTER the relationship code of the dependent to the subscriber. Valid codes are:

S – Spouse or Same Sex Domestic Partner *

C – Son

D – Daughter

F – Extended Dependent **

P - Ex-dependent parent

2 - Spouse of surviving spouse of retiree

X - Ex-spouse *** (defaults when divorce date is entered on the A.41 screen)

* **NOTE:** There must be a marriage date on the A.41 screen to add a spouse.

** **NOTE:** An extended dependent is any dependent child who is other than a natural child, stepchild or legally adopted child (eg. grandchild).

***** NOTE:** If an employee remarries an ex-spouse, the relationship X (ex-spouse) must be changed to S (spouse) when re-enrolling the spouse on the A.43 screen.

STUDENTS, EXTENDED DEPENDENTS AND DISABLED DEPENDENTS:

Enter the dependent information (name, social security number, sex, relationship, birthdate, qualify reason, enrolled codes for health and dental, and effective dates). Since extended dependents (relationship "F"), dependent students (between age 20 and 24 relationship "S"), and disabled dependents (over age 19) require approval by HCA, edits will prevent the enrollment to be effective until the certification has been completed by HCA. The enrollment code and dates will display in the PENDING fields until HCA keys in the certification, then move to the CURRENT fields.

MEDICARE - A: (For use by HCA and DRS only)

ENTER the code which indicates whether the spouse is enrolled in Medicare Part A. Valid codes are "Y" (Yes) or "N" (No). NOTE: When changing the Medicare indicator, you must also ENTER the effective date in the HEALTH EFF DATE field.

NOTE: The system automatically updates this field to "Y" effective the first of month in which the employee/retiree's spouse turns age 65.

BIRTHDATE:

ENTER the birthdate of the spouse or dependent (MMDDCCYY).

Note: When correcting a dependent's birthdate, you must rekey all fields (MMDDCCYY).

MEDICARE - B: (For use by HCA and DRS only)

ENTER the code which indicates whether the spouse is enrolled in Medicare Part B. Valid codes are "Y" (Yes) or "N" (No). NOTE: When changing the Medicare indicator, you must also ENTER the effective date in the HEALTH EFF DATE field.

QUAL REASON:

S – Student (enter "S" **only if dependent is over age 19**)

D – Extended Dependents

A – Disabled (enter "A" **only if dependent is over age 19**)

The enrollment will pend for HCA approval in the PENDING ENROLLED field. Send the Student Certification/Change form, Extended Dependent Certification form, or the Dependent with disabilities form for disabled dependents to the HCA for processing.

CERTIFICATION IND: (For use by HCA only)

This field is used by HCA when approving a dependent student, extended dependent or disabled child. ENTER "T" (Temporary) or "P" (Permanent). Note: Students and extended dependents can only have temporary certification.

CERT EFF DATE: (For use by HCA only)

This field is used by HCA when approving a student, extended dependent or disabled child. ENTER the effective date (MMDDCCYY) of the approval or recertification.

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CERT END DATE: (For use by HCA only)

This field is used by HCA when approving a student, extended dependent or disabled child. ENTER the certification end date (last day of the month to be certified) if the CERTIFICATION INDICATOR is a "T" (temporary). DO NOT USE THIS FIELD IF THE CERTIFICATION IND IS "P" (PERMANENT). The system will generate a monthly report of dependents requiring recertification. This field must be updated when a dependent is recertified.

STUDENT CERTIFICATION, EXTENDED DEPENDENT and DEPENDENTS WITH DISABILITY APPROVALS: (For use by HCA only)

If the effective date of the approval is the same as the date displayed in the PENDING fields, ***you will not need to rekey the "Y" or date***, just press PF10 to update. The pending data will move to the CURRENT fields.

If the effective date of the approval is not the date displayed in the PENDING fields, ENTER a "Y" in the CURRENT HEALTH AND DENTAL ENROLLED fields, and ENTER the correct effective date in the CURRENT HEALTH AND DENTAL EFF DATE fields before pressing PF10 to update.

STUDENT CERTIFICATION, EXTENDED DEPENDENT and DEPENDENTS WITH DISABILITY DENIALS: (For use by HCA only)

Do ***not*** key the CERTIFICATION IND, CERT EFF DATE or CERT END DATE fields. ENTER an "N" in the CURRENT HEALTH AND DENTAL ENROLLED fields and ENTER an effective date in the HEALTH AND DENTAL EFF DATE fields. Press PF10 to update. The pending data will be removed.

HEALTH:

CURRENT - HEALTH ENROLLED:

ENTER a "Y" to enroll the spouse or dependent.
ENTER an "N" to term the spouse or dependent who is no longer eligible or for whom the employee has waived coverage.

CURRENT - HEALTH EFF DATE:

ENTER the dependent's effective date (MMDDCCYY) of enrollment or change (see effective date rules below). If the dependent's effective date is before the 16th day of the current month, the transaction will update the CURRENT ENROLLED and EFF DATE fields immediately. If the effective date is after the 15th day of the current month or in the future, it will display in the PENDING ENROLLED and PENDING EFF DATE fields until the next processing period is reached.

A full month's premium (if applicable) will be charged for dependents eligible before the 16th day of the current month, otherwise premium will begin the next month.

<i>Note: Coverage must <u>always</u> be termed effective the last day of the month.</i>
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SPOUSE AND DEPENDENT EFF DATE RULES

- ◆ For newly eligible employees, coverage for eligible dependents begins on the day the subscriber's coverage begins.
- ◆ Newly acquired dependents (except newborns and newly adopted children) coverage will begin on the first day of the month following the date of acquisition, unless the date of acquisition is the first day of the month.
- ◆ For same-sex domestic partner's and the children of same-sex domestic partner's, coverage will begin on the first day of the seventh month of establishing the relationship.
- ◆ Coverage for newborns begins at birth. Coverage for an adopted child begins on the day of adoption or the day the employee assumes legal obligation for support in anticipation of adoption.
- ◆ Coverage will end on the last day of month in which the dependent became ineligible.

CURRENT - PREM DATE:

Displays the date entered in the EFF DATE field if the ENROLLED HEALTH field is "Y" (yes).

PENDING - HEALTH ENROLLED:

Displays the eligibility code "Y" if the effective date of the dependent is after the 15th day of the current month, a future date or if transaction has pending for HCA approval of a student, extended dependent or disabled dependent.

Displays the eligibility code "N" if the date the dependent is being terminated or is declining medical coverage is a future date or if the dependent term date is in the current processing month.

- ◆ To erase a pending termination of coverage, ENTER an asterisk (*) in the HEALTH ENROLLED field and press PF10 to update.

PENDING - HEALTH EFF DATE:

Displays if the effective date of the dependent is after the 15th day of the current month, in the future or the transaction has pending for HCA approval of student, extended dependent or disabled dependent certification.

Also, displays the eligibility code "N" if the subscriber's eligibility is pending termination on the A.41 screen or if the dependent's medical or dental coverage is waived with a future effective date or if the dependent term date is in the current processing month.

DENTAL:

CURRENT - DENTAL ENROLLED:

ENTER a "Y" to enroll the spouse or dependent.

ENTER an "N" to term a spouse or dependent who is who is no longer eligible or who is waiving dental coverage.

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CURRENT - DENTAL EFF DATE:

ENTER the dependent's effective date (MMDDCCYY) of enrollment or change. If the dependent's effective date is before the 16th day of the current month, it will update immediately and will display in the CURRENT ENROLLED AND EFF DATE fields. If the effective date is after the 15th day of the current month or in the future, it will display in the PENDING ENROLLED and PENDING EFF DATE fields until the next processing period is reached.

Note: Coverage must <u>always</u> be termed effective the last day of the month.

CURRENT - PREM DATE:

Displays the date entered in the EFF DATE field if the ENROLLED DENTAL field is "Y" (yes).

PENDING - DENTAL ENROLLED:

Displays the eligibility code "Y" if the effective date of the dependent is after the 15th day of the current month, a future date or if transaction has pended for HCA approval of a student, extended dependent or disabled dependent.

Displays the eligibility code "N" if the term date of the dependent is a future date.

Also, displays the eligibility code "N" if the subscriber's eligibility is pending termination on the A.41 screen.

PENDING - DENTAL EFF DATE:

Displays if the effective date of the dependent is after the 15th day of the current month, the date of enrollment or change is in the future or if the transaction has pended for HCA approval of student, extended dependent or disabled dependent certification.

REMEMBER: To cancel ALL coverage for a dependent, change both the HEALTH and DENTAL ENROLLED fields to "N" and ENTER the termination date in the EFF DATE fields.

PHYSICIAN-CLINIC:

ENTER the physician or clinic code from the employee enrollment/change form. Most of the managed care plans require enrollees to choose a physician/clinic. Lists of physician/clinic codes are available from the carriers or the internet. After you press PF10 to update, this information will display. ENTER this information for open enrollment and new employees only! You will **not** be required to keep this field updated. Employees who wish to change physicians after the initial enrollment should do so by contacting the carrier directly.

NOTE: THE PHYSICIAN/CLINIC CODE IS IMPORTANT INFORMATION FOR THE CARRIERS. The absence of the PHYSICIAN/CLINIC code will delay identification cards for your enrollees.

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DENTAL CLINIC:

ENTER a valid code from the DELTACARE or REGENCE DENTAL PLAN participating dentist list. These plans require enrollees to choose a dentist. After you press PF10 to update, it will display. Enter this information for open enrollment and new employees only! You will **not** be required to keep this field updated. Employees who wish to change dentists after the initial enrollment should do so by contacting their dental plan directly. The Uniform Dental Plan (Washington Dental Services) does not require an entry in this field as enrollees are allowed to see any dentist.

NOTE: THIS IS IMPORTANT INFORMATION FOR THE DENTAL PLANS. The absence of the DENTAL CLINIC code will delay identification cards for your enrollees.

ADDRESS:

ENTER if dependent's address is different from subscriber.

NOTE: If the dependent's address is out of country, ENTER ZZ in the STATE field, which will allow the ZIP field to remain blank or accept both alpha and numeric characters.

NEW DEPEND SSA:

Use this field to **correct** an existing dependent's social security number. ENTER the dependent's correct social security number and press the PF10 key. All fields where the dependent's SSN occurs will be updated.

*****A.44 - HEALTH AND DENTAL COVERAGE*****

SOCIAL SECURITY NUMBER:	NAME:
ELIGIBILITY TYPE:	EMPLOYER CONTRIBUTION:
=====HEALTH INSURANCE=====	
SUBSCRIBER ENROLLED:	HEALTH CHG DATE :
HEALTH CARRIER :	PHYSICIAN-CLINIC ID :
HEALTH MEDICARE A :	HEALTH MEDICARE B :
HEALTH EFF DATE :	HEALTH END DATE :
PREMIUM EFF DATE :	PREMIUM - EMPLOYEE :
NEW HEALTH CARRIER :	NEW CARRIER EFF DATE :
PENDING ENROLLMENT :	PENDING EFF DATE :
=====DENTAL INSURANCE=====	
SUBSCRIBER ENROLLED:	DENTAL CHG DATE :
DENTAL CARRIER :	DENTAL CLINIC ID :
DENTAL EFF DATE :	DENTAL END DATE :
PREMIUM EFF DATE :	PREMIUM - EMPLOYEE :
NEW DENTAL CARRIER :	NEW CARRIER EFF DATE :
PENDING ENROLLMENT :	PENDING EFF DATE :
NEXT FUNCTION: TYPE: SSA: AGY: SUB: PAY ACTION:	
ENT-NXT, PF1-HELP, PF2-RTN, PF3-SYS, PF4-CANC, PF9-HIST, PF10-UPDATE	

GENERAL SCREEN USAGE:

THE A.44 - HEALTH AND DENTAL COVERAGE screen is used to establish and update the subscriber's health and dental coverage. The HEALTH and DENTAL EFF DATES are defaulted to the eligibility effective date that was entered on the A.41 screen and the system will automatically enroll new subscriber's in the default carrier codes Z and 9 (no plan selected) when eligibility is established on the A.41 screen. To update the subscriber's selected plan or to make change to the subscriber's coverage, you will need to enter the effective date of the change in the CHANGE DATE fields and enter the carrier code.

Caution: *If a subscriber has been enrolled in the insurance system previously, the A.41 screen will automatically enroll the subscriber in the same carrier that was on the A.44 screen from the previous enrollment. You must remember to check the carrier on A.44 and change the carrier code if the subscriber is not re-enrolling in the same medical and dental plans.*

STATE CENTRAL PAYROLL AGENCIES: If changes are made on the A.44 screen while there is a one-time regular payroll action on file, the screens will display the message "CAUTION! A ONE TIME REG PAY IS ON FILE". When this caution is received, you will need to verify the insurance deduction amounts on the one-time action to ensure that the correct amount will be deducted. This caution does not affect insurance only agencies.

Employees may waive medical coverage for themselves and their dependents, if they have other medical coverage. The employee's enrollment form must identify the individuals for whom medical coverage is declined. **Employees who waive medical must still be enrolled in dental, basic life and basic LTD coverage.** An employee may choose to enroll in medical/dental coverage, but waive medical or dental coverage for any or all dependents

This screen always displays the subscriber's current coverage. You may look at previous coverage by pressing PF9 to access the A.51 - SUBSCRIBER HISTORY screen.

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SOCIAL SECURITY NUMBER:

Displays the social security number that was entered on the command line.

NAME:

Displays the name of the subscriber.

EMPLOYER CONTRIBUTION:

Displays the state share contribution for active employees.

==HEALTH INSURANCE==

SUBSCRIBER ENROLLED:

FOR CENTRAL PERSONNEL/PAYROLL AND HIGHER-ED USERS: Displays the eligibility code (Y or N) entered on the A.41 screen. NOTE: When ***changing*** medical carriers, ***do not rekey the Y in this field.***

WAIVING MEDICAL COVERAGE: Employees may waive decline medical coverage for themselves and any or all dependents, if they have other coverage. The employee's enrollment form must identify the individuals for whom medical coverage is waived.

- For currently enrolled employees declining medical, ENTER "D" (***for waived***) in this field and the **last day of the month** in which the form was signed in the HEALTH CHANGE DATE field.
- For newly eligible employees declining medical, ENTER "D" (for waived) in this field and the **insurance effective date** in the HEALTH CHANGE DATE field.

When "D" is entered on the A.44 screen, the employee's enrolled dependent's medical coverage will automatically be terminated ("N") on the A.43 screen. Dependents cannot be enrolled in medical coverage if the employee has declined medical. ***NOTE: Employees who waive medical must still be enrolled in dental, life and LTD. Dependents who waive medical may still remain enrolled in dental and life coverage.***

Note: If the subscriber waive/term date is in the current processing month, the system will display the change in the pending health enrolled fields and the premium will not be recalculated on the A.44 screen until the next month's invoicing.

RE-ENROLLMENT IN MEDICAL COVERAGE: Employees may re-enroll in medical coverage during open enrollment with a January 1 effective date. Re-enrollment at any time other than open enrollment requires HCA approval. Do not attempt to re-enroll medical coverage outside of open enrollment, please send the medical/dental change form and proof of loss of coverage to HCA.

FOR SELF/PAY, COBRA AND RETIREMENT SYSTEMS: Since self-paying subscribers and dependents may elect separate coverage, this field may be updated. ENTER "Y" if the subscriber is enrolling in health insurance and ENTER an "N" if terming. Termination of coverage must always be the last day of the month. NOTE: When ***changing*** medical plans, ***do not rekey the Y in this field.***

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HEALTH CHANGE DATE:

ENTER the effective date (MMDDCCYY) of the health plan enrollment or change of enrollment.

NOTE: When a subscriber changes plans due to moving out of their current plan's service area, the effective date of the new plan must be the **first of the month** following the date of the subscriber's move. Medical plan changes during open enrollment must have an effective date of January 1.

Current changes and changes retroactive to the LOWER LIMIT DATE will be updated immediately and will display in the HEALTH EFF DATE or HEALTH END DATE and PREMIUM EFF DATE fields.

Retroactive carrier changes with effective dates prior to the LOWER LIMIT DATE require approval and must be submitted in writing to HCA for review. **Do not proceed with the update using an incorrect effective date! Back out of this screen by changing the command line to "A.44", type "I" (inquire) and press PF4.**

Future enrollment and changes may be one month into the future. **However, open enrollment carrier changes with an effective date of January 1 may be two months into the future.** Future eligibility changes will pend and display in the PENDING ENROLLMENT, PENDING EFF DATE fields until the future effective date equals the current process month. Future carrier changes will pend and display in the NEW HEALTH CARRIER, NEW CARRIER EFF DATE fields until the future effective date equals the current process period.

HEALTH CARRIER:

ENTER the code for the health carrier. This is a four character field. When the selected carrier code has fewer than four letters, you must TAB to move to the next field on this screen. **Caution: When reinstating eligibility on a subscriber who has been enrolled in the insurance system previously, the A.41 screen will automatically enroll the subscriber in the same carrier that was on the A.44 screen from the previous enrollment. You must remember to check the carrier on A.44 and change the carrier code if the subscriber is not re-enrolling in the same medical plan.**

NOTE: If the subscriber's address on the A.01 screen is not within the service area for the carrier code entered, you will receive an error message "WARNING...CARRIER INVALID FOR ZIP CODE SERVICE AREA". When this message is received, cancel the transaction by pressing PF4 and check the carrier's service area listed in the Consumer Information Guide. If you believe you received the warning message in error, please call Glenda Fairchild at HCA - phone (360) 412-4229.

Valid codes are:

B- PREMIER HEALTHPLUS (Termed 1/04)	L – PREMIER/MSC (Termed 1/04)
C – GROUP HEALTH	P – PACIFICARE
CA- GROUP HEALTH OPTIONS	U – UNIFORM MEDICAL
CH – COMMUNITY HEALTH	WA – REGENCE CARE
D – KAISER	Z – DEFAULT (no plan selected) **
J – AETNA US HEALTHCARE	UH- UNIFORM NEIGHBORHOOD

**** NOTE:** If the health carrier is left "Z" (no plan selected), after 90 days from the effective date keyed the system will automatically change the carrier to "U" (Uniform Medical).

NOTE: If a "W" is displayed next to the medical carrier name – this indicates an on-line open enrollment change via HCA's website.

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FOR MEDICARE ELIGIBLE RETIREES AND/OR SPOUSES ONLY (HCA use only):

Y - BLUE CROSS MEDICARE SUPPLEMENT PLAN E

X - BLUE CROSS MEDICARE SUPPLEMENT PLAN J

NOTE: The system automatically enrolls the subscriber in carrier U (Uniform Medical) when eligibility codes V or W (UMP Conversion) are entered on the A.41 screen. Eligibility types V and W cannot change health carriers.

PHYSICIAN-CLINIC ID:

ENTER the physician or clinic code from the employees medical/dental enrollment/change form. Most of the managed care plans require subscriber's to choose a physician/clinic. Lists of physician/clinic codes are available from the carriers. After you press PF10 to update, it will display. This information should be entered for open enrollment and new employees only! You will **not** be required to keep this field updated. Employees who wish to change physicians after initial enrollment should do so by contacting the carrier directly.

NOTE: THE PHYSICIAN-CLINIC ID CODE IS IMPORTANT INFORMATION FOR THE CARRIERS. The absence of this information will delay identification cards for your enrollees.

HEALTH MEDICARE A: (For use by HCA and DRS only)

ENTER the code which indicates whether the subscriber is enrolled in Medicare part A. Valid codes are "Y" (Yes) or "N" (No). NOTE: When changing the Medicare indicator, you must also ENTER the effective date (MMDDCCYY) in the HEALTH CHANGE DATE field.

NOTE: The system automatically updates this field to "Y" effective the first of the month in which the employee/retiree turns age 65.

HEALTH MEDICARE B: (For use by HCA and DRS only)

ENTER the code which indicates whether the subscriber is enrolled in Medicare part B. Valid codes are "Y" (Yes) or "N" (No). NOTE: When changing the Medicare indicator, you must also ENTER the effective date (MMDDCCYY) in the HEALTH CHANGE DATE field.

HEALTH EFF DATE:

Displays the date that was entered in the HEALTH CHANGE DATE field if the SUBSCRIBER ENROLLED field is "Y" (yes).

HEALTH END DATE:

Displays the date entered in the ELIG EFF DATE field (A.41) when the ELIG CODE field on the A.41 screen is changed to "N" (not eligible).

For employees waving medical coverage, displays the date entered in the HEALTH CHANGE DATE field when the SUBSCRIBER ENROLLED field is changed to "D" (for waived).

For retirees and other self-paying subscribers, displays the date entered in the HEALTH CHANGE DATE field on the A.44 screen when the CURRENT ENROLLED field is changed to "N" (not enrolled).

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PREMIUM EFF DATE:

Displays the date that was entered in the HEALTH CHANGE DATE field.

PREMIUM - EMPLOYEE:

The system will calculate the subscriber's premium (if any) for medical coverage and display it in this field.

NEW HEALTH CARRIER:

Displays the code for the future carrier entered in the HEALTH CARRIER field. The future carrier code will move to the current HEALTH CARRIER field when the future effective date is equal to the current process period.

- ♦ To change the pending carrier, rekey the HEALTH CHANGE DATE and HEALTH CARRIER fields on the A.44 screen, press PF10 to update.
- ♦ To erase the pending carrier, ENTER an asterisk (*) in the HEALTH CARRIER field on the A.44 screen, press PF10 to update.

NEW CARRIER EFF DATE:

Displays the future carrier effective date (MM CCYY) entered in the HEALTH CHANGE DATE field. The future effective date will move to the HEALTH EFF DATE field when the future effective date is equal to the current process month.

PENDING ENROLLMENT (HEALTH):

Displays the eligibility code "Y" or "N" if the date entered in the A.41 ELIG EFF DATE field is a future date.

Also, displays the enrollment codes "D" (for waived) or "Y" (enrolled) entered in the SUBSCRIBER ENROLLED field on the A.44 screen if the employee is waiving or re-enrolling in medical coverage with a future effective date. or if the waive/term effective date is in the current processing month.

- ♦ To erase a pending waive or re-enrollment, ENTER an asterisk (*) in the SUBSCRIBER ENROLLED field on the A.44 screen, press PF10 to update.

Note: You will not be able to erase pending enrollment on the A.44 screen if there is pending enrollment on the A.41 - SUBSCRIBER DATA screen.

PENDING EFF DATE:

Displays the eligibility effective date entered in the A.41 ELIG EFF DATE field if the date is in the future or if eligibility is terminated with an effective date in the current processing month.. Also, displays the pending effective date if the employee is waiving or re-enrolling in medical coverage with a future effective date. Users may enter eligibility changes one month into the future.

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==DENTAL INSURANCE==:

SUBSCRIBER ENROLLED:

FOR CENTRAL PERSONNEL/PAYROLL AND HIGHER-ED USERS: The eligibility code (Y or N) entered on the A.41 screen will display in this field. *Employees who waive medical coverage must still be enrolled in dental coverage.*

NOTE: When *changing* dental plans, *do not rekey the Y in this field.*

FOR MEDICAL ONLY EMPLOYER GROUPS: To override the system's automatic enrollment in dental, basic life and basic LTD you must enter a "D" (for waived in the SUBSCRIBER ENROLLED field and enter the employee's insurance effective date in the DENTAL CHANGE DATE field. When you update you will receive a message "DECLINING DENTAL WILL ALSO DECLINE LIFE AND LTD: PF10 TO UPDATE".

FOR SELF/PAY, COBRA AND RETIREMENT SYSTEMS: Since self-paying subscribers and dependents may elect separate coverage, this field may be updated. ENTER "Y" if the subscriber is enrolling in dental insurance and ENTER an "N" if terming. Termination of coverage must always be the last day of the month. NOTE: When *changing* dental plans, *do not rekey the Y in this field.*

DENTAL CHANGE DATE:

ENTER the effective date (MMDDCCYY) of the dental plan enrollment or change.

NOTE: When a subscriber changes plans due to moving out of their current plan's service area, the effective date of the new plan must be the *first of the month* following the date of the subscriber's move. Dental plan changes during open enrollment must have an effective date of January 1.

Current changes and changes retroactive to the LOWER LIMIT DATE will be updated immediately and will display in the HEALTH EFF DATE or HEALTH END DATE and PREMIUM EFF DATE fields.

Retroactive carrier changes with an effective date prior to the LOWER LIMIT DATE require approval and must be submitted to HCA in writing for review. *Do not proceed with the update using an incorrect effective date! Back out of this screen by changing the command line to "A.44", type "I" (inquire) and press PF4.*

Future changes may be one month into the future. **However, open enrollment carrier changes with an effective date of January 1 may be two months into the future.** Future eligibility changes will pend and display in the PENDING ENROLLMENT, PENDING EFF DATE fields until the future effective date equals the current process month. Future carrier changes will pend and display in the NEW DENTAL CARRIER, NEW CARRIER EFF DATE fields until the future effective date equals the current process period.

Revised 3-05

DENTAL CARRIER:

ENTER the code for the dental carrier. This is a four digit field. When the selected dental code has fewer than four numbers, you must press TAB to move to the next field on this screen. **Caution:** *When reinstating eligibility on a subscriber who has been enrolled in the insurance system previously, the A.41 screen will automatically enroll the subscriber in the same carrier that was on the A.44 screen from the previous enrollment. You must remember to check the carrier on A.44 and change the carrier code if the subscriber is not re-enrolling in the same dental plan.*

NOTE: If the subscriber's address on the A.01 screen is not within the service area for the carrier code entered, you will receive an error message "**WARNING...CARRIER INVALID FOR ZIP CODE SERVICE AREA**". When this message is received, cancel the transaction by pressing PF4 and check the carrier's service area listed in the Consumer Information Guide. If you believe you received the warning message in error, please call Glenda Fairchild at HCA - phone (360) 412-4229.

Valid codes are:

- 1 - UNIFORM DENTAL (WDS)
- 4 - DELTACARE DENTAL
- 7 - REGENCE DENTAL PLAN
- 9 - DEFAULT (no plan selected) *

* NOTE: When the dental carrier is left as "9" (no carrier selected), after 90 days the system will automatically change the carrier to "1" (Uniform Dental).

NOTE: If a "W" is displayed next to the dental carrier name - this indicates an on-line open enrollment change via HCA's website.

DENTAL-CLINIC ID:

ENTER a valid code from the DELTACARE or REGENCE DENTAL PLAN participating dentist list. These dental plans require enrollees to choose a dentist. After you press PF10 to update, it will display. ENTER this information for open enrollment and new employees only! You will **not** be required to keep this field updated. Employees who wish to change dentists after the initial enrollment should do so by contacting their dental plan directly. The Uniform Dental Plan (Washington Dental Services) does not require an entry in the field as enrollees are allowed to see any dentist.

NOTE: THIS IS IMPORTANT INFORMATION FOR THE DENTAL PLANS. The absence of this information will delay identification cards for your enrollees.

DENTAL EFF DATE:

Displays the date that was entered in the DENTAL CHANGE DATE field if the SUBSCRIBER ENROLLED field is "Y" (yes).

DENTAL END DATE:

Displays the date entered in the ELIG EFF DATE field when the ELIG CODE field on the A.41 screen is changed to "N" (not eligible). For retirees and other self-paying subscribers, displays the date entered in the DENTAL CHANGE DATE field on the A.44 screen when the CURRENT ENROLLED field is changed to "N" (not enrolled).

Revised 4-04

PREMIUM EFF DATE:

Displays the last date entered in the DENTAL CHANGE DATE field.

PREMIUM EMPLOYEE: (FOR HCA AND RETIREMENT SYSTEMS ONLY)

The system will calculate the self-pay premium and display it in this field.

NEW DENTAL CARRIER:

Displays the code for the future carrier entered in the DENTAL CARRIER field. The future carrier code will move the current DENTAL CARRIER field when the future effective date equals the current process period.

- ♦ To change the pending carrier, rekey the DENTAL CHANGE DATE, DENTAL CARRIER fields on the A.44 screen, press PF10 to update.
- ♦ To erase the pending carrier, ENTER an asterisk (*) in the DENTAL CARRIER field on the A.44 screen, press PF10 to update.

NEW CARRIER EFF DATE:

Displays the future carrier effective date (MM CCYY) entered in the DENTAL CHANGE DATE field. The future effective date will move to the DENTAL EFF DATE field when the future effective date is equal to the current process period.

PENDING ENROLLMENT (DENTAL):

Displays the eligibility code "Y" or "N" if the date entered in the A.41 ELIG EFF DATE field is a future date or if the dental term date is in the current processing month.

PENDING EFF DATE:

Displays the eligibility effective date entered in the A.41 ELIG EFF DATE field if the date is in the future. Users may key eligibility changes one month into the future.

Revised 4-04

SOCIAL SECURITY NUMBER:
AGENCY: SUB AGENCY:
ELIGIBILITY TYPE :

NAME:
LIFE ENROLLED:
ENR EFF/END DATE:

==PART== ==CURRENT== ==DESIRED== =PEND/APPR=
 ENR COV EFF DATE ENR COV EFF DATE IND DATE

A BASIC :
B BASIC SP :
B BASIC DEP :
B SUPPL SP :
C EMP OPT :
D EMP SUPP :
E OPT AD&D :
E W/DEP :
RETIREE :

MX

PREMIUM EMPLOYEE: EMPLOYEE AGE: SPOUSE AGE:
SMOKER INDICATOR: SMOKER EFF DT: ACCEL LIFE:
PART C MAX REQ (Y/N): MINIMUM: MAXIMUM:
SALARY:

NEXT FUNCTION: TYPE: SSA: AGY: SUB: PAY ACTION:
ENTER-NEXT, PF1-HELP, PF2-RETURN, PF3-SYSTEM, PF9-HISTORY

NOTE: HIGHER EDUCATION AND MEDICAL ONLY EMPLOYER GROUPS CURRENTLY DO NOT ACCESS THIS SCREEN

STATE CENTRAL PAYROLL AGENCIES: If changes are made on the A.45 screen while there is a one-time regular payroll action on file, the screens will display the message “CAUTION! A ONE TIME REG PAY IS ON FILE”. When this caution is received, you will need to verify the insurance deduction amounts on the one-time action to ensure that the correct amount will be deducted. This caution does not affect insurance only agencies.

1. Individual effective dates for each part of coverage.
2. Entry of all requested coverage (including disability waiver of premium).
3. Entry of coverage requiring approval. (It will pend for carrier approval or disapproval.)

Revised 05-01-2002

This screen is divided into four columns:

The first column =PART= displays the types of coverage available to enrollees.

The second column =CURRENT= is a DISPLAY column only. It displays the enrolled code "Y" (yes), "N" (no) or "W" (disability waiver of premium), the coverage amount and the effective date of each part of the enrollee's current coverage.

The third column =DESIRED= is used to enter first-time enrollments or to make changes to a subscriber's coverage.

- For new coverage: ENTER enrollment code "Y", the coverage amount and the desired effective date (MMDDCCYY) of the coverage (first of the month following signature date on the enrollment form).
- To term coverage: ENTER enrollment code "N", skip the COV field and ENTER the effective date (MMDDCCYY) of termination (last day of the month). If the effective date of termination is in the current processing month, the termination will display in the pending column. The termination will move to current and the employee premium will be recalculated when the following month's invoicing occurs.
- To increase or decrease coverage: Skip the enrollment code field, ENTER the amount and the desired effective date (MMDDCCYY) of the change (first of the month following signature date on the enrollment form). **(NOTE: Do not rekey the enrollment code "Y" if you are only changing coverage amounts.** Change the enrollment code only if the enrollee is going from "Y" (enrolled) to "N" (not enrolled) or from "N" to "Y".)
- To request waiver of premiums*: Refer to the "NOTE" below for complete instructions.

**** NOTE: A "WAIVER OF PREMIUM" can be applied for by disabled employees under 60 years of age who have been disabled for at least six months. A waiver can be requested for each part of life insurance the employee is currently enrolled in (except Part E). Requests for waiver of premium will pend for approval. Send a completed claim form, non-smoker certification forms, copies of all of the employee's life insurance enrollment forms and beneficiary forms to Reliastar.***

If the employee is still in pay status, CONTINUE TO DEDUCT PREMIUMS. When the life waiver of premium claim is approved by Reliastar, HCA will move the pending waiver to current to stop the payroll deduction.

- To reinstate waiver: ENTER enrollment code "Y" for each waived coverage, skip the COV field and ENTER the effective date (first of the month following return to work date). Do not enter coverage amount.

The fourth column =PEND/APPR= is where the desired coverage will display if HCA approval is required, if the effective date is in the future or if coverage is terminated with an effective date in the current processing month.

Updates on the A.45 are only allowed for subscribers with a Y or X (active), R (retiree), or S or E (self-pay) ELIGIBILITY TYPE and always require an effective date on the line corresponding to the change. If the subscriber's ELIGIBILITY TYPE is an N (not eligible), the A.45 screen can only be accessed in "I" (inquiry) mode.

For first-time enrollment of subscriber life insurance coverage, **KEY IN ALL GUARANTEED COVERAGE FROM THE EMPLOYEE'S ENROLLMENT FORM**. The amounts of coverage entered will be converted to thousands. For example, if the employee selects \$22,000, you will enter 22 in the COV field. For changes to a subscriber's life insurance coverage, **KEY ALL DESIRED COVERAGE FROM THE ENROLLMENT FORM**. After you press PF10 to update, the system will determine if approval is required, pend those parts, and display the message: **"REQUIRES APPROVAL"**. Send a copy of the insurance enrollment form to Reliastar. Forms will not be returned to you after approval/disapproval. Reliastar will send the agency and HCA a Final Action Notice. HCA will update the pending coverage and send a transmittal form to the agency to notify you of any necessary life insurance premium adjustments.

NOTE: When enrolling life insurance coverage for a newly eligible employee, within the 60 days of becoming eligible to apply for insurance benefits, or within 60 days of the date of marriage for a newly eligible spouse or within 60 days for newly qualified same-sex domestic partner:

1. First, enter the guaranteed issue amounts (coverage that does not require approval) so that the coverage will move to the current coverage fields and begin calculating premiums.

B Basic Spouse
B Basic Dependent
B Supplemental Spouse up to \$25,000
Part C Employee Optional
Part D Employee Supplemental up to \$50,000
Part E Optional AD&D

2. If the employee is requesting more than \$25,000 Part B Supplemental Spouse life and more than \$50,000 Part D Employee Supplement Life, In a second, separate transaction, enter the total requested amount for Part B Supplemental Spouse and Part D Employee Supplemental coverage. This amount will pend for HCA approval.

When insurance is termed, the =COVERAGE= column will continue to DISPLAY the amount of prior coverage. This information is valuable when employees transfer to another agency, go on self-pay or return from self-pay status.

This screen always displays the subscriber's CURRENT COVERAGE. Information on prior coverage is available by pressing PF9 to access the A.55 - LIFE AND LTD HISTORY screen.

SOC SEC NUM:

Displays the social security number from the command line.

NAME:

Displays the corresponding subscriber name.

AGENCY/SUB AGENCY:

Displays the agency code from the command line.

Revised 4-04

LIFE ENROLLED:

Displays the code Y (enrolled) or N (not enrolled). For eligibility type Y or X, this will pull from the A.41 screen. For eligibility types R, S, or E, it will pull from the **=DESIRED=** column on the A.45 screen.

ELIGIBILITY TYPE:

Displays the code Y, X (active), R (retired), S or E (self-pay) from the A.41 screen.

ENR EFF/END DATE:

Displays the date associated with the eligibility type. For eligibility type Y or X, this will pull from the A.41 screen. For eligibility types R, S or E it will pull from the **=DESIRED=** column on the A.45 screen.

PART A BASIC:

The **=CURRENT=** column displays the subscriber's enrollment in PART A coverage. This field is automatically set to "Y" for all active employees with an eligibility type Y or X.

(NOTE: There must be a "Y" in this field before any optional insurance can be chosen in parts B, B-Supp, C, D, or E.)

The **=DESIRED=** column is used to request disability waiver of premium or to continue coverage on a self-pay basis.

- To enroll in self-pay (HCA ONLY): ENTER enrollment code "Y" and the effective date (MMDDCCYY).

The **=PEND IND/APPR DATE=** column displays coverage that has an effective date in the future ("F" future) or coverage that is terminated with an effective date in the current processing month ("F" future). The date displayed in this column is the transaction date.

PART B BASIC - SPOUSE:

The **=CURRENT=** column displays the spouse's current enrollment in B-BASIC SPOUSE coverage.

The **=DESIRED=** column is used to add, change or cancel coverage.

- To add new coverage: ENTER enrollment code "Y", coverage amount and the desired effective date (MMDDCCYY) of the coverage (first of the month following signature date on the enrollment form).
- To increase or decrease coverage: Not applicable for Part B Basic.
- To term coverage: ENTER enrollment code "N" and the effective date (MMDDCCYY) of termination (last day of month). If the effective date of termination is in the current processing month, the termination will display in the pending column. . The termination will move to current and the employee premium will be recalculated when the following month's invoicing occurs.

(NOTE: There must be a spouse record on the A.43 screen to request B Basic Spouse coverage.)

(NOTE: If applied for within the first 60 days of the employee, spouse/ same-sex domestic partner's eligibility date, this coverage does not require evidence of insurability.)

The =PEND IND/DATE = column displays coverage that requires HCA approval ("P" pending), coverage with an effective date in the future ("F" future) or coverage that is terminated with an effective date in the current processing month ("F" future). Coverage that pends for approval will be moved to the =CURRENT= column when approved by HCA. If disapproved by HCA, the "P" (pend) indicator will be changed to "D" (denied) or "C" (closed) and will display until other coverage is requested in that field. The date displayed in this column is the transaction date.

PART B BASIC - DEP:

The =CURRENT= column displays the current enrollment of the subscriber's dependent children.

The =DESIRED= column is used to add, change or cancel coverage.

- To add new coverage: ENTER enrollment code "Y" and the desired effective date (MMDDCCYY) of the coverage (first of the month following signature date on the enrollment form).
- To increase or decrease coverage: Not applicable for Part B Basic.
- To term coverage: ENTER enrollment code "N" and the effective date (MMDDCCYY) of termination (last day of month). If the effective date of termination is in the current processing month, the termination will display in the pending column. The termination will move to current and the employee premium will be recalculated when the following month's invoicing occurs.

(NOTE: Approval is not required on dependent children.)

The =PEND IND/APPR DATE = column displays coverage that has an effective date in the future ("F" future) or coverage that is terminated with an effective date in the current processing month ("F" future). The date displayed in this column is the transaction date.

PART B - SUPPL SPOUSE:

The =CURRENT= column displays the spouse's current enrollment in PART B SUPPLEMENTAL SPOUSE coverage.

The =DESIRED= column is used to add, change or cancel coverage.

- To add new coverage: ENTER enrollment code "Y" and the desired effective date (MMDDCCYY) of the coverage (first of the month following signature date on the enrollment form).
- To increase or decrease coverage: Skip the enrollment code field, ENTER the amount and the effective date (MMDDCCYY) of the change (first of the month following signature date on the enrollment form). **(NOTE: Do not rekey the enrollment code "Y" if it is already displayed in the CURRENT column.)**
- To term coverage: ENTER enrollment code "N" and the effective date (MMDDYYCC) of termination (last day of month). If the effective date of termination is in the current processing month, the termination will display in the pending column. . The termination will move to current and the employee premium will be recalculated when the following month's invoicing occurs.

(NOTE: If applied for within the first 60 days of the employee, spouse/same-sex domestic partner's eligibility date, the spouse/same-sex domestic partner may have up to \$25,000 without providing evidence of insurability.)

(NOTE: The amount requested must be in \$1,000 increments and cannot be greater than 1/2 of the employee's coverage in Parts C and D combined, rounded to the next higher thousand.)

(NOTE: Spouse must be enrolled in B-Basic Spouse to be eligible for B Supplemental - Spouse coverage.) Call HCA if you need assistance.

The =PEND IND/APPR DATE = column displays coverage that requires HCA approval ("P" pending), coverage with an effective date in the future ("F" future) or coverage that is terminated with an effective date in the current processing month ("F" future). Coverage that pends for approval will be moved to the =CURRENT= column when approved by HCA. If disapproved by HCA, the "P" (pend) indicator will be changed to "D" (denied) or "C" (closed) and will display until other coverage is requested in that field. The date displayed in this column is the transaction date.

PART C EMP OPTIONAL:

The =CURRENT= column displays the subscriber's current enrollment in PART C EMPLOYEE OPTIONAL coverage.

The =DESIRED= column is used to add, change or cancel coverage.

- To add new coverage: ENTER enrollment code "Y", the coverage amount and the desired effective date (MMDDCCYY) of the coverage (first of the month following signature date on the enrollment form).
- To increase or decrease coverage: Skip the enrollment code field, ENTER the amount and the effective date (MMDDCCYY) of the change (first of the month following signature date on the enrollment form). **(NOTE: Do not rekey the enrollment code "Y" if it is already displayed in the CURRENT column.)**
- To term coverage: ENTER enrollment code "N" and the effective date (MMDDCCYY) of termination (last day of month). If the effective date of termination is in the current processing month, the termination will display in the pending column. The termination will move to current and the employee premium will be recalculated when the following month's invoicing occurs.

(NOTE: Approval is required if not applied for within 60 days of the date the employee becomes eligible to apply for coverage.)

(NOTE: The amount of coverage requested must be in \$1,000 increments from one-half of the employee's annual salary up to the annual salary (rounded up to the next \$1,000). Check the MINIMUM and MAXIMUM limits displayed on this screen.)

The =PEND IND/APPR DATE = column displays coverage that requires approval ("P" pending), coverage with an effective date in the future ("F" future) or coverage that is terminated with an effective date in the current processing month ("F" future). Coverage that pends for approval will be moved to the =CURRENT= column by HCA when approved by Reliastar. If disapproved, the "P" (pend) indicator will be changed to "D" (denied) or "C" (closed) and will display until other coverage is requested in that field. The date displayed in this column is the transaction date.

MX:

ENTER the code to indicate whether the employee is requesting PART C MAX. Valid codes are "Y" (yes) or "N" (no). If "Y" (yes) is selected, there must be an entry in the Part C =DESIRED= fields.

NOTE: If the employee chooses PART C MAX, you must ENTER a "Y" in this field in order for the system to automatically increase the amount of PART C coverage each time the employee receives a pay increase.

PART D EMP SUPP:

The =CURRENT= column displays the subscriber's enrollment in PART D EMPLOYEE SUPPLEMENTAL coverage.

The =DESIRED= column is used to add, change or cancel coverage.

- To add new coverage: ENTER enrollment code "Y", the coverage amount and the desired effective date (MMDDCCYY) of the coverage (first of the month following signature date on the enrollment form).
- To increase or decrease coverage: Skip the enrollment code field, ENTER the amount and the effective date (MMDDCCYY) of the change (first of the month following signature date on the enrollment form). **(NOTE: Do not rekey the enrollment code "Y" if it is already displayed in the CURRENT column.)**
- To term coverage: ENTER enrollment code "N" and the effective date (MMDDCCYY) of termination (last day of month). If the effective date of termination is in the current processing month, the termination will display in the pending column. The termination will move to current and the employee premium will be recalculated when the following month's invoicing occurs.

(NOTE: If applied for within the first 60 days of the employees eligibility, the employee may have up to \$50,000 without providing evidence of insurability.)

(NOTE: The amount requested must be in \$1,000 increments up to \$350,000.)

The =PEND IND/APPR DATE = column displays coverage that requires HCA approval ("P" pending), coverage with an effective date in the future ("F" future) or coverage that is terminated with an effective date in the current processing month ("F" future). Coverage that pends for approval will be moved to the =CURRENT= column when approved by HCA. If disapproved by HCA, the "P" (pend) indicator will be changed to "D" (denied) or "C" (closed) and will display until other coverage is requested in that field. The date displayed in this column is the transaction date.

PART E OPTIONAL AD&D:

The =CURRENT= column displays the subscriber's current PART E enrollment.

The =DESIRED= column is used to add, change or cancel coverage.

- To add new coverage: ENTER enrollment code "Y", the coverage amount and the desired effective date (MMDDCCYY) of the coverage (first of the month following signature date on the enrollment form).
- To increase or decrease coverage: Skip the enrollment code field, ENTER the desired amount from the enrollment form and the desired effective date (MMDDCCYY) of the change (first of the month following signature date on the enrollment form). **(NOTE: Do not rekey the enrollment code "Y" if it is already displayed in the CURRENT column.)**
- To term coverage: ENTER enrollment code "N" and the effective date (MMDDCCYY) of termination (last day of month). If the effective date of termination is in the current processing month, the termination will display in the pending column. The termination will move to current and the employee premium will be recalculated when the following month's invoicing occurs.

(NOTES: PART E never requires approval and is not eligible for disability waiver of premium. The amount of Part E coverage requested must be in \$25,000 increments up to \$250,000.)

The =PEND IND/APPR DATE = column displays coverage that has an effective date in the future ("F" future) or coverage that is terminated with an effective date in the current processing month ("F" future). The date displayed in this column is the transaction date.

PART E WITH DEPEND:

The =CURRENT= column displays the dependent's enrollment in Part E. The =DESIRED= column is used to add, change or cancel coverage.

- To add new coverage: ENTER the enrollment code "Y" and the desired effective date (MMDDCCYY) of the coverage (first of the month following signature date on the enrollment form).
- To increase or decrease coverage: Not a valid action for this area.
- To term coverage: ENTER enrollment code "N" and the effective date (MMDDCCYY) of termination (last day of month). If the effective date of termination is in the current processing month, the termination will display in the pending column. The termination will move to current and the employee premium will be recalculated when the following month's invoicing occurs.

(NOTE: PART E never requires approval and is not eligible for disability waiver of premium.)

The =PEND IND/APPR DATE = column displays coverage that has an effective date in the future ("F" future) or coverage that is terminated with an effective date in the current processing month ("F" future). The date displayed in this column is the transaction date.

RETIREE:

The =CURRENT= column displays whether a retired subscriber has enrolled in RETIREE term life insurance.

The =DESIRED= column is used to add, change or cancel coverage.

- To add new coverage: ENTER the enrollment code "Y" and the desired effective date (MMDDCCYY) of the coverage.
- To increase or decrease coverage: Not a valid action for this area.
- To term coverage: ENTER enrollment code "N" and the effective date (MMDDCCYY) of termination (last day of month). If the effective date of termination is in the current processing month, the termination will display in the pending column. The termination will move to current and the retiree premium will be recalculated when the following month's invoicing occurs..
- To waive premiums: Not a valid action for this coverage.

The =PEND IND/APPR DATE = column displays coverage that has an effective date in the future ("F" future) or coverage that is terminated with an effective date in the current processing month ("F" future). The date displayed in this column is the transaction date.

CENTRAL PAYROLL USERS: If a retiree returns to work for your agency and wishes to keep their retiree life insurance, ENTER a "Y" and the effective date (MMDDCCYY). Begin payroll deduction for retiree life. ENTER "N" if they wish to drop retiree life insurance.

(NOTE: If the retiree chooses to drop retiree life insurance, the retiree should be cautioned that the coverage will be terminated and cannot be reinstated.)

Revised 4-04

PREMIUM - EMPLOYEE:

Displays the amount of premiums paid by the employee for life insurance.

EMPLOYEE AGE:

Displays the employee's age.

SPOUSE AGE:

Displays the spouse's age.

SMOKER INDICATOR:

ENTER the information from the life insurance enrollment form indicating whether the employee is a smoker or non-smoker. Valid entries are "Y" (smoker) or "N" (non-smoker). On a new enrollment, if nothing is entered in this field, it will default to "Y".

(NOTE: Non-smokers must complete the Non-Smoker section on the life insurance enrollment form or a Non-Smoker Certification form.)

SMOKER EFFECTIVE DATE:

ENTER the effective date (MMDDCCYY) of the smoker status. This date must be the ***first day of the month following the signature date on the Non-Smoker section of the life insurance enrollment form or Non-Smoker Certification form.*** On a new enrollment, if nothing is entered in this field, it will default to the life effective date.

ACCEL LIFE: (For HCA use only)

This field defaults to "N" (no). When an employee receives an accelerated life insurance payment, HCA will ENTER a "Y" (yes) in this field.

PART C MAX REQ:

Display field only. Requests for Part C Max automatic increases are entered in the MX field. When an employee is terminated on the A.41 screen, this field defaults to N.

PART C MINIMUM/MAXIMUM:

Displays the allowable minimum and maximum PART C coverage that the subscriber may choose. The system calculates the MIN/MAX based on the subscriber's annual salary.

SALARY:

Displays the employee's monthly salary.

*****A.46 - LTD COVERAGE*****

SOC SEC NUMBER:
AGENCY:
SUB AGENCY:

NAME:
LTD ENROLLED:
ENR EFF/END DATE:

==PART==	===CURRENT===	===DESIRED===	= =PEND/APPR==
	ENR COV EFF DATE	ENR COV EFF DATE	IND DATE

BASIC :

OPTIONAL:

PREMIUM - EMPLOYEE:

ELIM PERIOD PERCENT:

RETIREMENT SYSTEM :

NEXT FUNCTION: TYPE: SSA: AGY: SUB: PAY ACTION:
ENTER-NEXT, PF1-HELP, PF2-RETURN, PF3-SYSTEM, PF9-HISTORY

GENERAL SCREEN USAGE:

NOTE: HIGHER EDUCATION AND MEDICAL ONLY EMPLOYER GROUPS CURRENTLY DO NOT ACCESS THIS SCREEN

THE A.46 - LTD COVERAGE screen is used to enroll, update and display a subscriber's long term disability (LTD) coverage. The LTD ENROLLED indicator is pulled from the ELIGIBILITY CODE field on the A.41 screen.

This screen allows:

1. Separate effective date for basic and optional coverage.
2. Entry of all requested coverage.
3. Entry of coverage requiring approval. (It will pend for LTD carrier approval or disapproval.)

STATE CENTRAL PAYROLL AGENCIES: If changes are made on the A.46 screen while there is a one-time regular payroll action on file, the screens will display the message "CAUTION! A ONE TIME REG PAY IS ON FILE". When this caution is received, you will need to verify the insurance deduction amounts on the one-time action to ensure that the correct amount will be deducted. This caution does not affect insurance only agencies.

Revised 3-05

This screen is divided into four columns:

The first column =PART= displays the two types of coverage available to enrollees. The second column =CURRENT= is a display column only. It displays the enrolled code "Y" (yes), or "N" (no) the elimination period and the effective date of each part of coverage. The third column =DESIRED= is used to enter first-time enrollments or to change or terminate a subscriber's coverage.

- For new coverage: ENTER enrollment code "Y", the elimination period and the desired effective date (first of the month following signature date on the enrollment form).
- To term coverage: ENTER enrollment code "N", skip the COV field and ENTER the effective date of termination (last day of the month). If the effective date of termination is in the current processing month, the termination will display in the pending column. The termination will move to current and the employee premium will be recalculated when the following month's invoicing occurs.
- To increase or decrease waiting period: Skip the enrollment code field, ENTER the amount and the desired effective date of the change (first of the month following signature date on the enrollment form). **(NOTE: Do not rekey the enrollment code "Y" if you are only changing the coverage amount.** Change the enrollment code only when the employee is going from "Y" (enrolled) to "N" (not enrolled) or from "N" to "Y".)
- To request waiver of premiums (LTD claim)*: If the employee has both basic **and** optional LTD, ENTER enrollment code "W" (disability waiver), skip the COV field and ENTER the effective date of waiver (first of the month following last day worked). Do not enter the optional LTD coverage amount.
- To reinstate waiver: ENTER enrollment code "Y", skip the COV field and ENTER the effective date (first of the month following the date the employee returned to work full-time, regular duty). Do not enter the optional LTD coverage amount.

The fourth column =PEND/APPR= is where the desired coverage will display if approval is required, if the effective date is in the future or if coverage is terminated with an effective date in the current processing month. The date displayed in this column is the transaction date.

Updates on the A.46 are only allowed for subscribers with a Y or X (active) or S (self-pay) ELIGIBILITY TYPE and always require an effective date on the line corresponding to the change. If the subscriber's ELIGIBILITY TYPE is an N (not eligible), the A.46 screen can only be accessed in "I" (inquiry) mode.

For first time enrollments or changes to a subscriber's LTD insurance coverage, KEY IN ALL DESIRED COVERAGE FROM THE EMPLOYEE'S ENROLLMENT FORM. After you press PF10 to update, the system will determine if approval is required, pend the enrollment for approval and display the message: "REQUIRES APPROVAL". Send a completed Employer's Statement, a current copy of the employee's classification questionnaire (C.Q.), time sheets or leave records and all of the employee's LTD enrollment forms to Standard Insurance Company. Forms will be returned to you after approval/disapproval.

When insurance is termed, the =COVERAGE= column will continue to display the amount of previous coverage. This information is valuable when employees transfer to another agency, go on self-pay or return from self-pay status.

This screen always displays the subscriber's CURRENT COVERAGE. You may look at previous coverage by pressing PF9 to access the A.55 - LIFE AND LTD HISTORY screen.

SOC SEC NUMBER:

Displays the social security number entered on the command line.

NAME:

Displays the name that corresponds to the social security number.

AGENCY/SUB:

Displays the agency with the home agency lock of the subscriber.

LTD ENROLLED:

Display field only. For active employees (Y or X eligibility type), this field will pull from the A.41 screen. For self-pay subscribers (S or E eligibility types), this field will pull from the information entered in the =DESIRED= column of this screen.

ENR EFF/END DATE:

Display field only. For active employees (Y or X eligibility type), this field will pull from the A.41 screen. For self-pays (S or E eligibility types), this field will pull from the information entered in the =DESIRED= column of this screen.

BASIC:

The =CURRENT= column displays the employee's current enrollment in BASIC LTD coverage. This field is automatically set to "Y" for all active employees with an eligibility type Y or X. The basic LTD elimination period is 90 days.

(NOTE: There must be a "Y" in this field before optional LTD can be selected.)

The =DESIRED= column is used to request disability waiver of premium or to continue coverage on a self-pay basis when the employee is on approved educational leave.

- To request waiver of premiums: If the employee has basic ***and*** optional LTD, ENTER enrollment code "W" (disability waiver) and the effective date (first of the month following last day worked). Do not enter "W" if the employee has only basic LTD.
- To enroll in self-pay (HCA ONLY): ENTER enrollment code "Y" and the effective date (MMDDCCYY).

OPTIONAL:

The =CURRENT= column displays the employee's current enrollment in OPTIONAL LTD.

The =DESIRED= column is used to add, change or cancel coverage.

- To add new coverage: ENTER enrollment code "Y", the optional LTD coverage amount, and the desired effective date (MMDDCCYY) of coverage (first of the month following signature date on the enrollment form).

NOTE: Optional LTD does not require approval for employee's who apply within 31 days of becoming eligible for insurance benefits.

Valid coverage amounts are:

30	(days)
60	(days)
90	(days)
120	(days)
180	(days)
240	(days)
300	(days)
360	(days)

- To increase or decrease coverage: Skip the enrollment code field, ENTER the amount and effective date (MMDDCCYY) of the change (first of the month following signature date on employee's enrollment form). **(NOTE: Do not rekey the enrollment code "Y" if it is already displayed in the current column.)**

NOTE: Once enrolled in optional LTD, requests to shorten the elimination period always require approval, but requests to lengthen the elimination period do not require approval. Employees should submit a new enrollment form to lengthen their optional elimination period when they have an accumulation of sick leave to decrease premiums.

- To term coverage if requested by the employee or when an employee goes on leave without pay: ENTER enrollment code "N", skip the COV field and ENTER the insurance term date (last day of month). If the date of termination is in the **current processing month**, the termination will display in the pending column. The termination will move to current and the employee premium will be recalculated when the following month's invoicing occurs.
- To request waiver of premiums: In both BASIC and OPTIONAL, ENTER enrollment code "W" (disability waiver), skip the COV field and ENTER the effective date (first of month following last day worked).

When a disabled employee applies for waiver of premium, use enrollment code "W". Requests for waiver of premium will pend for approval. Send a completed Employer's Statement, a current copy of the employee's classification questionnaire (C.Q.), time sheets or leave records and all of the employee's LTD enrollment forms to Standard Insurance Company. Higher education and employer groups must send detailed position description.

CONTINUE TO DEDUCT PREMIUMS FOR OPTIONAL LTD. Standard Insurance Company will send you an Explanation of Benefits and a copy to HCA. HCA will update the approval/disapproval on the screen and send you a transmittal form. Check the transmittal form to determine if a payroll deduction adjustment is necessary.

- To reinstate coverage after waiver of premiums or when an employee returns to work following leave with pay: In both BASIC and OPTIONAL, ENTER enrollment code "Y", skip the COV field and ENTER the effective date (first day of the month in which the employee returned to work full-time, regular duty).

NOTE: KEY IN ALL REQUESTED OPTIONAL LTD COVERAGE. IN MOST CASES THE SYSTEM WILL DETERMINE WHETHER APPROVAL IS REQUIRED. (PAYROLL SHOULD VERIFY TIMELINESS BY THE SIGNATURE DATE ON THE ENROLLMENT FORM).

SELF-PAY ONLY: ENTER in this field only if the self-pay subscriber is on an educational leave and continuing LTD insurance.

If the desired coverage does not require approval and the desired effective date is within the current processing period, the requested coverage will move to the =CURRENT= column when you press PF10 (update).

If the desired coverage does not require approval and the desired effective date is in the future, the coverage will remain in the =DESIRED= column, the PEND/APPROVAL IND will display an "F" (future) and the PEND/APPROVAL DATE will display the current process date when you press PF10 (update). The coverage will automatically move to the =CURRENT= column when the current processing period is reached.

If the desired coverage requires approval, you will receive a message stating **"REQUIRES APPROVAL"**. The coverage will remain in the =DESIRED= column, the PEND/APPROVAL IND will display a "P" (pending approval) and the PEND/APPROVAL DATE will display the current process date when you press PF10 (update).

The =PEND/APPROVAL= column displays coverage that requires Standard Insurance Company approval ("P" pending), coverage with an effective date in the future ("F" future) or coverage that is terminated with an effective date in the current processing month. ("F" future). Coverage that pends for approval will be moved to the =CURRENT= column after approved by Standard Insurance Company. If coverage is disapproved, the "P" (pend) indicator will be changed to "D" (denied) or "C" (closed) and will display until other coverage is requested in that field. The date displayed in this column is the transaction date.

PREMIUM EMPLOYEE:

SELF-PAY, POLITICAL SUB-DIVISION AND K-12 AGENCIES: Display field only. The LTD premium will be calculated by the system based on the subscriber's retirement system, optional elimination period and salary.

CENTRAL PERSONNEL/PAYROLL AGENCIES will not see a premium displayed in this field.

ELIMINATION PERIOD PERCENT:

Displays the percent used in calculating the optional LTD.

RETIREMENT SYSTEM:

ENTER a "1" in this field if the retirement plan of the subscriber is TIAA/CREF. For any other retirement plan leave this field blank.

***** A.51 - SUBSCRIBER HISTORY *****

SUBSCRIBER SSN	:	NAME	:
AGENCY/SUB-AGENCY	:	AGENCY EFF DATE	:
COVERAGE PERIOD FROM	:	DATE CREATED	:
THRU	:	CREATED BY	:
ELIGIBILITY TYPE	:	APPT STATUS	:
PAY METHOD	:	MONTHLY SALARY	:
MARITAL STATUS	:	MARRIAGE DATE	:
		DIVORCE DATE	:
COBRA QUAL REASON	:	ORIG SSN	:
OLD SSN	:	ORIG AGENCY/SUB	:
COUNTY	:	ADDRESS EFF DATE	:
ADDRESS LINE 1:			
ADDRESS LINE 2:			
ADDRESS LINE 3:			
CITY:	STATE:	ZIP:	
	ENR	CARR	EFF-DATE
	END-DATE	MCARE-A	MCARE-B
CLINIC-ID			
HEALTH	:		
DENTAL	:		
_ BASIC LIFE	:		
_ BASIC LTD	:		
NEXT FUNCTION: TYPE: SSN: COV-MO:			
ENTR-NXT, PF1-HELP, PF2-RET, PF3-SYS, PF7-UP, PF8-DN, PF9-A.55			

GENERAL SCREEN USAGE:

THE A.51 - SUBSCRIBER HISTORY screen is used to inquire on a subscriber's historical eligibility and enrollment information. The screen is not used for the purpose of updating a subscriber's enrollment data. Changes to the subscriber's enrollment data on the A.41 and A.44 screens will result in the creation of subscriber history that appears on the A.51 screen. Also, changes to the subscriber's social security number or address on the A.01 screen will create history on the A.51 screen.

One of the key features of this screen is the **COVERAGE PERIOD FROM/THRU** fields. These fields represent the beginning and ending coverage periods that the subscriber's historical eligibility information applies to. It is possible for a subscriber to have multiple history records, however, they will not apply to the same coverage period(s).

FUNCTIONS:

The A.51 screen:

1. Inquires on subscriber eligibility history records.
2. Allows cursor selection access to the A.55 Life and LTD Coverage History screen.
3. Scrolls up and down by coverage period from and thru dates in chronological order.

ACCESS:

This screen is accessed by:

1. Entering "A.51" on the main menu
2. Entering "51" on the "A" system sub-menu
3. Entering a "51" in the Next Function field from any screen in the "A" system.
4. Entering "A.51" from any screen in the system that has been updated with sub-system to sub-system navigation capabilities.
5. PF9 from the A.41 screen.
6. PF9 from the A.44 screen.

History records are accessed by entering the social security number of the subscriber on the command line. The user also has the option of entering the month and year of the coverage month to inquire on specific history records (see the topic "Selecting History Records" in the EXAMPLES/SPECIAL HELP section below for details).

EXAMPLES/SPECIAL HELPS:

1. Selecting History Records
 2. Navigation By Cursor Selection
 3. Navigation To And From The Originating Screen
-
1. Selecting History Records - This screen contains a field called COV-MO located on the NEXT FUNCTION command line. It is used to specify the coverage month of subscriber history the user wishes to access. When a coverage month is entered, the system will access the subscriber history record that was "in effect" for the month entered. If no value is entered in the COV-MO field, the system will display the most current history record.
- If the user enters a COV-MO for which there is no history record, the system will display the message "REQUESTED RECORD NOT FOUND".
2. Navigation by Cursor Selection - This screen allows the user to navigate directly to the A.55 - LIFE AND LTD COVERAGE HISTORY screen. This is achieved by placing the cursor on the " _ " (underscore) next to the "BASIC LIFE" or "BASIC LTD" field and pressing PF9.
 3. Navigation To And From The Originating Screen - This screen can be accessed from the A.41 and A.44 screens by pressing PF9. In order to return to the originating screen (either A.41 or A.44) the user can press PF2 while on the A.51 screen.
 4. Page Up/Page Down - This screen allows you to scroll up and down through historical coverage periods by pressing PF7 (up) or PF8 (down).

SOCIAL SECURITY NUMBER:

Displays the social security number that was entered on the command line.

NAME:

Displays the subscriber's name.

AGENCY/SUB-AGENCY:

Displays the agency and sub-agency the subscriber was with for the requested historical period.

AGENCY EFF DATE:

Displays the effective date the subscriber was employed by the home agency.

COVERAGE PERIOD FROM:

Displays the beginning coverage period (MM/YY) that the subscriber history applies to.

COVERAGE PERIOD THRU:

Displays the ending coverage period (MM/YY) that the subscriber history applies to.

DATE CREATED:

Displays the date the history record was created.

CREATED BY:

Displays the social security number of the operator (payroll representative) who updated the subscriber's enrollment data that resulted in a history record being created.

ELIGIBILITY TYPE:

Displays the subscriber's eligibility code.

APPT STATUS:

Displays the subscriber's appointment status code and the narrative description of the code.

PAY METHOD:

Displays the subscriber's pay method.

MONTHLY SALARY:

Displays the subscriber's monthly salary.

MARITAL STATUS:

Displays the subscriber's marital status.

MARRIAGE DATE:

Displays the subscriber's marriage date.

DIVORCE DATE:

Displays the subscriber's divorce date.

COBRA QUAL REASON:

Displays the reason the subscriber qualified for COBRA benefits.

ORIG SSN:

Displays the social security number of the subscriber under whom COBRA enrollees first established eligibility.

OLD SSN:

Displays the old social security number of the subscriber if it has been changed.

ORIG AGENCY/SUB:

Displays the agency/subagency code of the former agency responsible for establishing eligibility.

COUNTY:

Displays the county code the subscriber resided in.

ADDRESS EFF DATE:

Displays the effective date the subscriber was listed at the address displayed.

ADDRESS LINE 1:

Displays the first line of the subscriber's address.

ADDRESS LINE 2:

Displays the second line of the subscriber's address.

ADDRESS LINE 3:

Displays the third line of the subscriber's address.

CITY:

Displays the city where the subscriber resided.

STATE:

Displays the state where the subscriber resided.

ZIP:

Displays the zip code of where the subscriber resided.

ENR:

Displays the subscriber's enrollment status for health, dental, basic life, and basic LTD.

CARR:

Displays the codes of the subscribers health and dental carriers.

EFF-DATE:

Displays the effective date of the enrollment status indicator for health, dental, basic life, and basic LTD.

END-DATE:

Displays the end date of the enrollment status indicator for health, dental, basic life, and basic LTD.

MCARE-A:

Displays the code to indicate if the subscriber was enrolled in Medicare A.

MCARE-B:

Displays the code to indicate if the subscriber was enrolled in Medicare B.

CLINIC-ID:

Displays the physician/clinic ID the subscriber had selected for health and dental coverage.

**** A.53 - SPOUSE AND DEPENDENT HISTORY ****

```

SUBSCRIBER SSN      :                      NAME      :
=====DEPENDENT DATA=====
DEPENDENT SSN      :                      DEPENDENT NAME :
COVERAGE PER FROM :                      DATE CREATED  :
      THRU         :                      CREATED BY   :
GENDER            :                      RELATIONSHIP  :
BIRTHDATE         :                      QUALIFY REASON :
MARRIAGE DATE     :                      DIVORCE DATE  :

CERTIFICATION IND:      CERT EFF DATE:  CERT END DATE:
ADDRESS LINE 1:
ADDRESS LINE 2:
ADDRESS LINE 3:
CITY:                STATE:ZIP:
                     ENR CARR EFF-DATE END-DATE M/C-A M/C-B CLINIC-ID

HEALTH:
DENTAL:
NEXT FUNCTION:  TYPE:  SSA:COV-MO:
      DEPENDENT SSA:
      ENTR-NEXT, PF1-HELP, PF2-RETURN, PF3-SYSTEM, PF7-UP, PF8-DOWN

```

GENERAL SCREEN USAGE:

THE A.53 - SPOUSE AND DEPENDENT HISTORY screen is used to inquire on the historical eligibility and enrollment information of a subscriber's spouse and dependents. This screen is not used for the purpose of updating spouse or dependent's enrollment data. Changes to the spouse or dependent enrollment data on the A.43 or A.44 screen will result in the creation of history that appears on the A.53 screen. Also, changes to the MARRIAGE DATE or DIVORCE DATE fields on the A.41 screen will create history on the A.53 screen.

One of the key features of this screen is the **COVERAGE PERIOD FROM/THRU** fields. These fields represent the beginning and ending coverage periods that the dependent's historical eligibility information applies to. It is possible for a dependent to have multiple history records, however, they will not apply to the same coverage period(s).

FUNCTIONS:

The A.53 screen:

1. Inquires on spouse and dependent eligibility history records.
2. Scrolls up and down by coverage period from and thru dates in chronological order.

ACCESS:

This screen is accessed by:

1. Entering "A.53" on the main menu.
2. Entering "53" on the "A" system sub-menu.
3. Entering a "53" in the Next Function field from any screen in the "A" system.
4. Entering "A.53" from any screen in the system that has been updated with sub-system to sub-system navigation capabilities.
5. PF9 from the A.42 screen.
6. PF9 from the A.43 screen.

History records are accessed by entering the social security numbers of the subscriber and the dependent, respectively, in the SSA and DEPENDENT SSA fields on the command line. The user also has the option of entering the month and year of the coverage month to inquire on specific history records (see the topic "Selecting History Records" in the EXAMPLES/SPECIAL HELP section for details).

EXAMPLES/SPECIAL HELPS:

1. Selecting History Records
2. Navigation To And From The Originating Screen
 1. Selecting History Records - This screen contains a field called COV-MO located on the NEXT FUNCTION command line. It is used to specify the coverage month the user wishes to view dependent history for. When a coverage month is entered, the system will access the history record that was "in effect" for the month entered. If no value is entered in the COV-MO field, the system will display the most current history record.

If the user enters a COV-MO for which there is no history record, the system will display the message "REQUESTED RECORD NOT FOUND".
 2. Navigation To And From The Originating Screen - This screen can be accessed from the A.42 and A.43 screens by pressing PF9. In order to return back to the originating screen (either A.42 or A.43 the user can press PF2 while on the A.53 screen.

SUBSCRIBER SSN:

Displays the social security number that was entered on the command line.

NAME:

Displays the name of the subscriber.

DEPENDENT SSN:

Displays the dependent social security number that was entered on the command line.

DEPENDENT NAME:

Displays the name of the dependent.

COVERAGE PERIOD FROM:

Displays the beginning coverage period (MM/YY) that the dependent history applies to.

COVERAGE PERIOD THRU:

Displays the ending coverage period (MM/YY) that the dependent history applies to.

DATE CREATED:

Displays the date the history record was created.

CREATED BY:

Displays the social security number of the operator (payroll representative) who updated the dependent's enrollment data that resulted in a history record being created.

GENDER:

Displays the gender of the dependent.

RELATIONSHIP:

Displays the code and description identifying the dependent's relationship to the subscriber.

BIRTHDATE:

Displays the dependent's birthdate.

QUALIFY REASON:

Displays the code and description identifying the reason the dependent qualifies for benefits.

DIVORCE DATE:

Displays the dependent's divorce date.

CERTIFICATION IND:

Displays the code that identifies the fosterchild/disabled dependent's certification status. Valid codes are "P" (permanent) or "T" (temporary).

CERT EFF DATE:

Displays the effective date of the fosterchild/disabled dependent's certification period.

CERT END DATE:

Displays the ending date of the fosterchild/disabled dependent's certification period if the Certification Indicator is "T" (temporary).

ADDRESS LINE 1:

Displays the first line of the dependent's address.

ADDRESS LINE 2:

Displays the second line of the dependent's address.

ADDRESS LINE 3:

Displays the third line of the dependent's address.

CITY:

Displays the city where the dependent resided.

STATE:

Displays the state where the dependent resided.

ZIP:

Displays the zip code of where the dependent resided.

ENR:

Displays the dependent's enrollment status for health and dental.

CARR:

Displays the code of the dependent's health and dental carriers.

EFF-DATE:

Displays the effective date of the enrollment status indicator for health and dental.

END-DATE:

Displays the end date of the enrollment status indicator for health and dental.

MCARE-A:

Displays the code to indicate if the dependent was enrolled in Medicare A.

MCARE-B:

Displays the code to indicate if the dependent was enrolled in Medicare B.

CLINIC-ID:

Displays the physician/clinic ID the dependent had selected for health and dental coverage.

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          **** A.55 - LIFE AND LTD HISTORY****

SUBSCRIBER SSN      :                NAME      :
COVERAGE PERIOD FROM :                DATE CREATED :
          THRU      :                CREATED BY  :
=====LIFE INSURANCE=====
                                ENROLL      COVERAGE  EFF DATE
PART A              :
PART B BASIC-SPOUSE :
PART B BASIC-DEPENDENT :
PART B SUPP SPOUSE  :
PART C              :
PART C MAX INDICATOR :                MIN:                MAX:
PART D              :
PART E              :
PART E DEPENDENTS   :
RETIREE             :
MONTHLY SALARY:      SMOKER IND:      EMPLOYEE PREMIUM:
=====LTD INSURANCE=====
BASIC               :
OPTIONAL            :
RETIREMENT SYSTEM   :                EMPLOYEE PREMIUM:

NEXT FUNCTION:  TYPE:  SSA:                COV-MO:
ENTR-NXT, PF1-HELP, PF2-RET, PF3-SYS, PF7-UP, PF8-DOWN

```

GENERAL SCREEN USAGE:

THE A.55 - LIFE AND LTD COVERAGE HISTORY screen is used to inquire on a subscriber's historical enrollment status and coverage levels for basic and optional life and LTD insurance. This screen is not used for the purpose of updating a subscriber's life and LTD data. Historical eligibility information is created when a subscriber's current life and LTD enrollment or coverage level information is changed. Changes to the subscriber's A.45 and A.46 screens will result in the creation of LIFE AND LTD HISTORY that appears on the A.55 screen.

One of the key features of this screen is the COVERAGE PERIOD FROM/THRU fields. These fields represent the beginning and ending coverage periods that the subscriber's historical life and LTD enrollment information applies to. It is possible for a subscriber to have multiple history records, however, they will not apply to the same coverage period(s).

NOTE: Since higher education employees do not use the A.45 and A.46 screens, there will be no life and LTD history created for higher education employees.

FUNCTIONS:

The A.55 screen:

1. Inquires on a subscriber's historical life and LTD information.
2. 2. Scrolls up and down by coverage period from and thru dates in chronological order.

ACCESS:

This screen is accessed by:

1. Entering "A.55" on the main menu
2. Entering "55" on the "A" system sub-menu
3. Entering a "55" in the Next Function field from any screen in the "A" system.
4. Entering "A.55" from any screen in the system that has been updated with sub-system to sub-system navigation capabilities.
5. PF9 from the A.45 screen.
6. PF9 from the A.46 screen.

History records are accessed by entering the social security number of the subscriber on the command line. The user also has the option of entering the month and year of the coverage month to inquire on specific history records (see the topic "[Selecting History Records](#)" in the EXAMPLES/SPECIAL HELP section for details).

EXAMPLES/SPECIAL HELPS:

1. Selecting History Records
2. Navigation To and From The Originating Screen
 1. [Selecting History Records](#) - This screen contains a field called COV-MO located on the NEXT FUNCTION command line. It is used to specify the coverage month to life and LTD history the user wishes to access. When a coverage month is entered, the system will access the history record that was "in effect" for the month entered. If no value is entered in the COV-MO field, the system will display the most current history record.

If the user enters a COV-MO for which there is no history record, the system will display the message "REQUESTED RECORD NOT FOUND"
 2. [Navigation To and From The Originating Screen](#) - This screen can be accessed from the A.45 and A.46 screens by pressing PF9. In order to return back to the originating screen (either A.45 or A.46) the user can press PF2 while on the A.55 screen.

SUBSCRIBER SSN:

Displays the social security number that was entered on the command line.

NAME:

Displays the subscriber's name.

COVERAGE PERIOD FROM:

Displays the beginning coverage period (MM/YY) that the life and LTD history applies to.

COVERAGE PERIOD THRU:

Displays the ending coverage period (MM/YY) that the life and LTD history applies to.

DATE CREATED:

Displays the date the history record was created.

CREATED BY:

Displays the social security number of the operator (payroll representative) who updated the subscriber's life and LTD enrollment data that resulted in a history record being created.

ENROLL:

Displays the subscriber's enrollment status for the following life insurance and LTD benefits:

Part A	Part E
Part B Basic (Spouse)	Part E Dependents
Part B Basic (Dependent)	Retiree
Part B Supp Spouse	Basic LTD
Part C	Optional LTD
Part D	

COVERAGE:

Displays the subscriber's coverage levels for the following life insurance benefits:

Part B Supp Spouse	Part E
Part C	Part E Dependents
Part D	Optional LTD elimination period

EFFECTIVE DATE:

Displays the subscriber's effective date of enrollment and/or coverage level for the following life insurance and LTD benefits:

Part A	Part E
Part B Basic (Spouse)	Part E Dependents
Part B Basic (Dependent)	Retiree
Part B Supp (Spouse)	Basic LTD
Part C	Optional LTD

Part D

PART C MAX INDICATOR:

Displays codes "Y" or "N" indicating whether the subscriber had elected the maximum allowable coverage (in relation to salary) for Part C life insurance.

MIN:

Displays the minimum coverage level the subscriber could elect for Part C Life insurance.

MAX:

Displays the maximum coverage level the subscriber could elect for Part C life insurance.

MONTHLY SALARY:

Displays the subscriber's monthly salary.

SMOKER IND:

Displays codes "Y" or "N" indicating whether the subscriber is a smoker or not.

PREMIUM EMPLOYEE (LIFE):

Displays the employee's share of the premium for all life insurance coverage.

RETIREMENT SYSTEM:

Displays the code and description of the employee's retirement system.

PREMIUM EMPLOYEE (LTD):

Displays the employee's share of the premium for optional LTD if the employee's retirement system is TIAA-CREF or if LTD coverage was continued by the employee on a self-pay basis while on educational leave.

***** A.56 – REQUEST FOR HCA ON-LINE TRANSACTION *****			
SUBSCRIBER SSN	:		NAME:
HOME AGENCY	:		
REQUESTOR NAME	:		MAIL STOP:
REQUESTOR PHONE	:		
REQUEST EXPLANATION:			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
NEXT FUNCTION: TYPE: A SSA:			
ENTER-SELECTION, PF1-HELP, PF3-SYS, PF4-CANC, PF10-UPDATE			

GENERAL SCREEN USAGE:

THE A.56 – REQUEST FOR HCA ON-LINE TRANSACTION screen was designed for use by all agencies when requesting approval from the Health Care Authority to add, terminate or change subscriber, spouse or dependent enrollment with an effective date older than 90 days (LOWER LIMIT DATE). When entering a retroactive transaction with a date older than 90 days, the message **"REQUIRES APPROVAL - SUBMIT REQUEST FOR APPROVAL ON THE A.56 SCREEN"** will be received on the screen. Please see the rules below regarding retroactive effective dates:

The HCA retro term policy implemented effective September 1, 1998 allows for terminations and changes only to the system's lower limit date.

- **For retroactive terms, divorce or deceased dates:** When entering a termination or a change, if you receive the error message "REQUIRES APPROVAL...ENTER REQUEST FOR APPROVAL ON THE A.56 SCREEN", do not enter invalid dates on line. Back out of the transaction by changing the command line to "A.56", type "A" (add) and press PF4. This will take you to the "A.56" screen where you will enter in the explanation and date for HCA to update on-line.
- **For adds and changes:** Adds and changes may be allowed prior to the lower limit date, subject to HCA's approval. Enter the add transaction with the requested date. If you receive the message, "REQUIRES APPROVAL... ..ENTER REQUEST FOR APPROVAL ON THE A.56 SCREEN", ***do not proceed with the update! Back out of the transaction and by changing the command line to "A.56", type "A" (add) and press PF4. This will take you to the A.56 screen to enter your request.***

Revised 3-05

Updates to the A.56 screen will generate a report for the HCA. The HCA will review the request and:

- 1) if approved, HCA will update the employee's record with the requested transaction. The transaction will appear on the agency's next D2025 report (transaction log) or
- 2) if the transaction cannot be keyed due to system limitations and requires manual adjustment or if the request is disapproved, HCA will send a copy of the request back to the agency with an explanation.

NOTE: *This screen can only be accessed by ENTERING an "A" in the TYPE field on the command line. To exit this screen, Press PF2 (RETURN) or ENTER another screen number in the NEXT FUNCTION field on the command line.*

SUBSCRIBER SSN:

Displays the subscriber's social security number.

NAME:

Displays the subscriber's name.

HOME AGENCY:

Display only. Will pull from the A.01 (CENTRAL PAY) or A.41 (INSURANCE ONLY).

REQUESTOR NAME:

ENTER your name. HCA may need to contact you for more information regarding the request.

REQUESTOR PHONE:

ENTER your work phone number, including area code.

MAIL STOP:

ENTER your mail stop, if applicable.

REQUEST EXPLANATION:

ENTER a brief explanation of why this retroactive transaction is being requested. ***BE SURE TO INCLUDE ALL OF THE DATA THAT HCA WILL NEED TO ENTER THIS TRANSACTION FOR YOU, INCLUDING THE REQUESTED EFFECTIVE DATE OF THE CHANGE.***

NOTE: You may view or change your request **only on the same day it was submitted**. To view your request, enter A.56 and type "I" (inquire) on the command line. If you should need to change or add to your original explanation, you must access the screen using "U" (update) on the command line, rather than "A" (add). Make your corrections in the REQUEST EXPLANATION field and press PF10 to update. **HCA will only receive the last request updated.**

HEALTH CARE AUTHORITY
REQUEST FOR HCA ON-LINE TRANSACTION

DATE: 05 / 18 / 2004

PAGE: 3

REQUESTOR NAME: MERRY PAYROLE
REQUESTOR PHONE: 360-555-2121 MAIL STOP: 42001

-----SUBSCRIBER INFORMATION-----

NAME: SMITH, PAMELA K. SSN: 555-88-1234
AGENCY: 540 AGENCY TITLE: EMPLOYMENT SECURITY

ELIGIBILITY TYPE: Y ACTIVE

HEALTH ENROLLED: Y HEALTH EFFECTIVE DATE: 09-01-1995
HEALTH CARRIER: U UNIFORM MEDICAL PLAN

DENTAL ENROLLED: Y DENTAL EFFECTIVE DATE: 09-01-1995
DENTAL CARRIER: 1 UNIFORM DENTAL PLAN

REQUEST EXPLANATION:

Employee divorced on 9-15-04 please update on-line.

HCA COMMENTS:

*Divorce date 09-15-04 entered on A.41 screen.
Spouse changed to "X". F49 to
Accounting, beyond retro term policy
timeline.*

APPROVED: X

DISAPPROVED: _____

DATE CHANGES MADE: 05-19-2005
G.F.

```

***** A.76 - VOLUNTARY DEDUCTIONS *****
***** OTHER PROGRAMS *****

SOC SEC #:          NAME:
AGY   :            SUB :

CURRENT PAY ACTION:  ON FILE PAY ACTION:

CODE      TITLE      FREQ  AMOUNT  %
0608      LTD        M
0808      LIFE INS    M
07__      MEDICAL    M

NEXT FUNCTION: TYPE: SSA: AGY: SUB: PAY ACTION:
ENTER-NEXT SELECTION, PF1-HELP, PF2-RETURN, PF3-SYSTEM

```

GENERAL SCREEN USAGE: (FOR STATE CENTRAL PAYROLL AGENCIES ONLY)

THE A.76 VOLUNTARY DEDUCTION screen is designed to display the voluntary deductions an employee has established with various programs within the personnel/payroll system such as employee medical, life insurance, LTD insurance, auto/home insurance, deferred compensation, and savings bonds. All deductions on the A.76 must be first established on the various screens for those programs within the personnel/payroll system, prior to any changes or adjustments being made on the A.76.

There are three payroll action types allowed on this screen. They are: "S" (special), "1" (one time regular) and "R" (regular). "R" (regular) is for inquiry only, no changes are allowed to the screen in this mode. Updates may only be made to "1" (one time regulars) or "S" (specials). If permanent changes are needed for any deductions, they must be processed through the appropriate screen. Adjustments made on this screen will remain for one payroll only. After payroll has run, the deductions will be reset to the original status.

Note: If changes are made on the A.41 thru A.46 insurance screens while there is a one-time regular payroll action on file, the screens will display the message "CAUTION! A ONE TIME REG PAY IS ON FILE". When this caution is received, you will need to verify the insurance deduction amounts on the one-time action to ensure that the correct amount will be deducted.

SOC SEC #:

Displays the social security number entered on the command line.

NAME:

Displays the subscriber's name.

AGENCY:

Displays the agency that was entered on the command line.

SUB AGY:

Displays the sub-agency entered on the command line.

CURRENT PAY ACTION:

The system uses the current pay action to determine what fields can be updated. Same codes as below.

ON FILE PAY ACTION:

Displays the latest unpaid pending payroll action on file for an employee. After the action has been paid, this code will automatically return to an "R" for the next regular pay action.

<u>CODES</u>	<u>DESCRIPTIONS</u>
R	REGULAR
1	ONE TIME REGULAR
S	SPECIAL
L	LAG TIME
M	MAXIMUM LAG OVERTIME

CODE:

For a "1" (one-time) or "S" (special) payroll, key the appropriate four character deduction code. Valid codes are:

OPTIONAL LIFE INSURANCE - 0808
OPTIONAL LONG TERM DISABILITY - 0608
MEDICAL EMPLOYEE PREMIUM - 07__

TITLE:

The title will display after the code has been entered and updated.

FREQUENCY:

The code entered in this field tells the system when to take the deduction. ENTER the code for frequency of payment requested by the employee.

<u>CODES</u>	<u>DESCRIPTIONS</u>
C	DEDUCT FULL AMOUNT EACH CYCLE
M	DEDUCT FULL AMOUNT MONTHLY (1/2 PER CYCLE)
C1	(FOR DEFERRED COMP ONLY)
C2	(FOR DEFERRED COMP ONLY)
E	EXCLUDE; DO NOT DEDUCT WHEN NORMALLY SCHEDULED, THEN RESET.

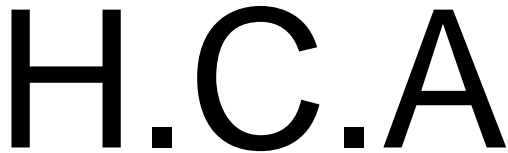
AMOUNT:

There is a limit of \$99,999.99 for each miscellaneous deduction. ENTER the amount to be deducted from the employee's pay. If the amount is to be returned to the employee, use a minus sign immediately before or after the figure. Regardless of which side the minus sign is entered, it will appear on the right side of the figure after the PF10 (update) key is pressed. The amount field now handles a decimal point in the first position for adjustments of less than a dollar; a leading zero is no longer needed.

NOTE: Zeroes cannot be entered except to prevent a literal deduction (employee medical, optional life and LTD insurance) from being deducted for one payroll.

REPORTS

STATEMENT OF INSURANCE



STATEMENT OF INSURANCE
Y 107 507
AS OF 03/31/2002
WASHINGTON STATE HEALTH CARE AUTHORITY

THIS STATEMENT SUMMARIZES YOUR INSURANCE COVERAGES WITH THE HEALTH CARE AUTHORITY. IF THIS STATEMENT DISAGREES WITH YOUR, PLEASE CONTACT YOUR PERSONNEL/PAYROLL/INSURANCE OFFICE FOR ASSISTANCE. IF YOU ARE A RETIREE OR SELFPAY SUBSCRIBER, CALL 1-800-200-1004

SUBSCRIBER INFORMATION

EXAMPLE, PAMELA K
1234 STREET
OLYMPIA WA 98500

SOCIAL SECURITY ***-**-****
RESIDENT IN THURSTON COUNTY
BIRTH DATE IS 06-28-1960
MARITAL STATUS IS MARRIED 03-03-1983
GENDER IS FEMALE
AGENCY IS STATE AUDITORS OFFICE

SPOUSE AND DEPENDENT INFORMATION

	<u>NAME</u>	<u>SOCIAL SECURITY</u>	<u>BIRTHDATE</u>
SPOUSE	EXAMPLE, JOHN P	***-**-****	03-16-1953
DAUGHTER	EXAMPLE, TIFFANY ANN	***-**-****	05-02-1990

HERE ARE YOUR HCA SPONSORED COVERAGES:

MEDICAL COVERAGE PROVIDED BY GROUP HEALTH
DENTAL COVERAGE PROVIDED BY UNIFORM DENTAL PLAN

TOTAL MONTHLY EMPLOYEE PREMIUM \$ 10.00

HCA LIFE INSURANCE COVERAGES (NON-SMOKER RATES)

PART A	\$15,000	SUBSCRIBER BASIC LIFE, \$5,000 AD & D
PART B	\$2,500	SPOUSE / PER DEPENDENT
PART B	\$25,000	SUPPLEMENTAL SPOUSE LIFE
PART C	\$35,000	SUBSCRIBER OPTIONAL LIFE
PART D	\$50,000	SUBSCRIBER SUPPLEMENTAL LIFE
PART E DEPENDENTS	\$100,000	SUBSCRIBER OPTIONAL A D & D WITH

TOTAL MONTHLY LIFE PREMIUM \$ 24.48

HCA LONG TERM DISABILITY INSURANCE COVERAGES

- BASIC LTD WITH 90 DAY WAITING PERIOD
- OPTIONAL LTD WITH 30 DAY WAITING PERIOD

* THIS IS NOT A BILL

THIS STATEMENT IS NOT A GUARANTEE OF INSURANCE. IT IS INTENDED TO BE A STATEMENT OF RECORD OF YOUR ENROLLMENT. THE INSURANCE COVERAGE IS GOVERNED BY THE INSURANCE CONTRACT OR CERTIFICATE OF COVERAGE.

AUTOMATIC TERMINATION REPORT

REPORT NO: HRISDB5020-R02
RUN CYCLE: CYCLE 02

STATE OF WASHINGTON
HEALTH CARE AUTHORITY

RUN DATE: 01/31/2005
PAGE: 2

AUTOMATIC TERMINATIONS

₁AGENCY: 360 - UNIVERSITY OF WASHINGTON
SUB-AGENCY:

*****SUBSCRIBER*****		*****DEPENDENT*****			ELIG	
₂ NAME	₃ SSN	₄ NAME	₅ SSN	₆ RELATIONSHIP	END DATE	TERM REASON
SMITH, JANE A	123-456-7891	SMITH, MIKE	987 654 3219	SON	₇ 01/31/2005	₈ 20 YRS OLD
JOHNSON, BILL	456 789 3219	JOHNSON, MEL	789 654 3218	SON	01/31/2005	CERT END DATE
ANDERS, JOHN	963 852 7415	ANDERS, SAM	741 852 9637	SON	01/31/2005	CERT END DATE

DESCRIPTION: This report displays: Dependent children who have reached the age of 20 and students, foster children & disabled dependents whose certification has expired or have reached maximum dependent eligibility age of 24. This report is created to notify the agency of terminated dependents so that **the agency can update their records**. Additionally, the report may be used by insurance only agencies to make possible adjustments in their own systems. Listed below are the elements displayed on the report:

- | | |
|--|--|
| 1. Agency/Sub-agency Code | 6. Dependent Relationship |
| 2. Employee/Retiree Name | 7. Eligibility End Date - The insurance system will automatically terminate coverage on these dependents with this date, but it will be the responsibility of the agency to notify the employee and dependent of their COBRA rights. |
| 3. Employee/Retiree Social Security Number | 8. Termination Reason - Will be identified as "20 years old" or "certification end date" |
| 4. Dependent Name | |
| 5. Dependent Social Security Number | |

Revised 03-05

CITY-COUNTY CODE LIST

ABERDEEN-Grays Harbor-14	ACNE-Whatcom-37	ACTON-Benton-3	ADCO-Grant-13
ADDY-Stevens-33	ADELAIDE-King-17	ADKINS-Walla Walla-36	ADNA-Lewis-21
ADRIAN-Grant-13	AERO-Clallam-5	AGAVE BAY-Whatcom-37	AGNEW-Clallam-5
AIRWAY HEIGHTS-Spokane-32	AJLUNE-Lewis-21	ALAMEDA-Douglas-9	ALBION-Whitman-38
ALDER-Pierce-27	ALDERDALE-Klickitat-20	ALDERTON-Pierce-27	ALDERWOOD MANOR-Snohomish-31
ALFALFA-Yakima-39	ALGONA-King-17	ALLARD-Benton-3	ALLEN-Skagit-29
ALLISON-Pierce-27	ALLYN-Mason-23	ALMIRA-Lincoln-22	ALMOTA-Whitman-38
ALOHA-Grays Harbor-14	ALPHA-Lewis-21	ALPHINE-King-17	ALPOWA-Whitman-38
ALSTOWN-Douglas-9	ALTO-Columbia-7	ALTONNA-Wahkiakum-35	AMANDA PARK-Grays Harb-14
AMBER-Spokane-32	AMBOY-Clark-6	AMERICAN LAKE-Pierce-27	AMERICAN RIVER-Yakima-39
ANACORTES-Skagit-29	ANATONE-Asotin-2	ANGLIN-Okanogan-24	ANKENY-Adams-1
ANYWYNE-Okanogan -24	APPLEDALE-Douglas-9	APPLETON-Klickitat-20	APPLEYARD-Chelan-4
ARDEN-Stevens-33	ARDENVOIR-Chelan-4	ARIEL-Cowlitz-8	ARLINGTON-Snohomish-31
ARTIE-Grays Harbor-14	ASH-Walla Walla-36	ASHBY-Adams-1	ASHFORD-Pierce-27
ASHTIN-Asotin-2	ASNEAS-Okanogan-24	ATTALIA-Walla Walla-36	AUBURN-King-17
AUSTIN-Island-15	AVERY-Klickitat-20	AVON-Skagit-29	AYER-Skagit-29
AZWELL-Chelan-4	BABCOCK-Walla Walla-36	BACON-Grant-13	BADGER-Benton-3
BAINBRIDGE IS-Kitsap-18	BAIRD-Douglas-9	BALDI-King-17	BALFOUR-Whatcom-37
BALKENA-Pend Oreille-26	BANDERA-King-17	BANGOR-Kitsap-18	BARBERTON-Clark-6
BARING-King-17	BARKER-Okanogan-24	BARNESTON-King-17	BARRINGTON-Snohomish-31
BARRY-Douglas-9	BARSTON-King-17	BAS POINT-Pierce-27	BASSET JUNCTION-Grant-13
BATTLE GROUND-Clark-6	BATUM-Adams-1	BAY CENTER-Pacific-25	BAY CITY-Grays Harbor-14
BAY VIEW-Skagit-29	BAYNE-King-17	BEACH-Whatcom-37	BEAR CREEK-Chelan-4
BEATRICE-Adams-1	BEAUX ARTS-King-17	BEAVER-Clallam-5	BEDFORD-Pacific-25
BEE-Pierce-27	BEEBE-Douglas-9	BEER PARK-Spokane-32	BELFAIR-Mason-23
BELL-Spokane-32	BELLEVILLE-Skagit-29	BELLEVUE-King-17	BELLINGHAM-Whatcom-37
BELLPLAIN-Pierce-27	BELMONT-Whitman-38	BELMORE-Thurston-34	BENCH-Yakima-39
BEND-Grant-13	BENGE-Adams-1	BENTON CITY-Benton-3	BERKLEY-Pierce-27
BERNE-Chelan-4	BERRIAN-Benton-3	BERRYDALE-King-17	BERRYMAN-Walla Walla-36
BEVERLY PARK-Snohomish-31	BEVERLY-Grant-13	BIARLY-Stevens-33	BICKLETON-Klickitat-20
BIGLAKE-Skagit-29	BINGEN-Klickitat-20	BIRCH BAY-Whatcom-37	BIRCHFIELD-Yakima-39
BIRDSVIEW-Skagit-29	BISHOP-Whitman-38	BISSELL-Stevens-33	BLACK CARBON-Pierce-27
BLACK DIAMOND-King-17	BLACK RIVER-King-17	BLACKROCK-Yakima-39	BLAINE-Whatcom-37
BLANCHARD-Skagit-29	BLOCKHOUSE-Klickitat-20	BLUE CREEK-Stevens-33	BLUESLIDE-Pend Oreille-26
BLUESTEM-Lincoln-22	BLYNE-Clallam-5	BOISTFORT-Lewis-21	BOLLES-Walla Walla-36
BOLSTER-Okanogan-24	BONLOW-Yakima-39	BONNEY LAKE-Pierce-27	BOONE-Yakima-39
BORDEAUX-Thurston-34	BOSSBURG-Stevens-33	BOTHELL-King-17	BOUNDARY-Stevens-33
BOW-Skagit-29	BOYDS-Ferry-10	BOYLSTON-Kittitas-19	BRACE-Yakima-39
BRADY-Grays Harbor-14	BREAKERS-Pacific-25	BREMERTON-Kitsap-18	BREWSTER-Okanogan-24
BRIDGEPORT-Okanogan-24	BRIEF-Chelan-4	BRINNON-Jefferson-16	BRIQUETVILLE-King-17
BRISTOL-Kittitas-19	BROOKDALE-Pierce-27	BROOKFIELD-Walla Walla-36	BROOKLYN-Pacific-25
BROWNSTCWN-Yakima-39	BROWNSVILLE-Kitsap-18	BRUCE-Adams-1	BRUSH PRAIRIE-Clark-6
BRYANT-Snohomish-31	BRYN MAWR-King-17	BUCKEYE-Spokane-32	BUCKLEY-Pierce-27
BUCODA-Thurston-34	BUENA-Yakima-39	BULLFROG-Kittitas-19	BUNKER-Lewis-21
BURBANK-Walla Walla-36	BURIEN-King-17	BURLEY-Kitsap-18	BURLINGTON-Skagit-29
BURNETT-Pierce-27	BUROKER-Walla Walla-36	BURROWS-Grays Harbor-14	BURT-Pacific-25
BURTON-King-17	BYRON-Yakima-39	CAMANO-Island-15	CAMAS-Clark-6
CAMDEN-Pend Oreille-26	CAMP MURRAY-Pierce-27	CAMP SELAH-King-17	CAMP TALBOT-Jefferson-16
CAMPTON-King-17	CANBY-Lincoln-22	CAPE HORN-Skamania-30	CARBONADO-Pierce-27
CARDERS-Spokane-32	CARLEY-Benton-3	CARLISLE-Grays Harbor-14	CARLSBERG-Clallam-5
CARLTON-Okanogan-24	CARNATION-King-17	CAROLLS-Cowlitz-8	CARSON-Skamania-30
CASEY-Walla Walla-36	CASHMERE-Chelan-4	CASTLE ROCK-Cowlitz-8	CASTLETON-Whitman-38
CATHLAMET-Wahkiakum-35	CEDAR CREEK-Whitman-38	CEDAR FALLS-King-17	CEDAR VALLEY-Snohomish-31
CEDONIA-Stevens-33	CENTER-Jefferson-16	CENTERVILLE-Klickitat-20	CENTRAL Ferry-Garfield-12
CENTRAL PARK-Grays Harb-14	CENTRALIA-Lewis-21	CERES-Lewis-21	CHAMBER-Yakima-39
CHAMBERS PRARIE-Pierce-27	CHANDLER-Benton-3	CHARD-Garfield-12	CHARLESTON-Kitsap-18
CHATTAROY-Spokane-32	CHEHALIS-Lewis-21	CHELAN FALLS-Chelan-4	CHELAN-Chelan-4
CHENEY-Spokane-32	CHENOIS-Grays Harbor-14	CHEROKEE-Okanogan-24	CHESAW-Okanogan-24
CHESTER-Spokane-32	CHEVY CHASE-Jefferson-16	CHEW-Walla Walla-36	CHEWELAH-Stevens-33
CHILLOWIST-Okanogan-24	CHIMACUM-Jefferson-16	CHINOOK-Pacific-25	CHOPKA-Okanogan-24
CINEBAR-Lewis-21	CLALLAM BAY-Clallam-5	CLARKSTON-Asotin-2	CLAYTON-Stevens-33
CLE ELUM-Kittitas-19	CLEARLAKE-Skagit-29	CLEARVIEW-Snohomish-31	CLEARWATER-Jefferson-16
CLIFFS-Klickitat-20	CLINTON-Island-15	CLIPPER-Whatcom-37	CLOVERLAND-Asotin-2
COLBERT-Spokane-32	COLBY-Kitsap-18	COLFAX-Whitman-38	COLLEGE PL-Walla Walla-36
COLTON-Whitman-38	COLVILLE-Stevens-33	CONCONULLY-Okanogan-24	CONCRETE-Skagit-29
CONNELL-Franklin-11	CONWAY-Skagit-29	COOK-Skamania-30	COPALIS BCH-Grays Harbor-14
COPALIS CROSS-Grays Harb14	COSMOPOLIS-Grays Harbor-14	COUGAR-Cowlitz-8	COULEE CITY-Grant-13
COULEE DAM-Douglas-9	COUNTRY HOMES-Spokane-32	COUPEVILLE-Island-15	COVADE-Ferry-10

COVE-King-17	COVINGTON-17	COWICHE-Yakima-39	CRAIGE-Asotin-2
CREOSOTE-Kitsap-18	CRESTON-Lincoln-22	CREWPORT-Yakima-39	CUMBERLAND-King-17
CUNNINGHAM-Adams-1	CURLEW-Ferry-10	CURTIS-Lewis-21	CUSICK-Pend Oreille-26
CUSTER-Whatcom-37	DABOB-Jefferson-16	DAISY-Stevens-33	DALLESFORT-Klickitat-20
DANVILLE-Ferry-10	DAVENPORT-Lincoln-22	DAYTON-Columbia-7	DECATUR-San Juan-28
DEEP HARBOR-San Juan-28	DEEP RIVER-Wahkiakum-35	DEEPCREEK-Spokane-32	DELRIO-Douglas-9
DEMING-Whatcom-37	DENISON-Spokane-32	DESERT AIR-Grant-13	DES MOINES-King-17
DIAMOND-Whitman-38	DIERINGER-Pierce-27	DISAUTEL-Okanogan-24	DISHMAN-Spokane-32
DIXIE-Walla Walla-36	DOCTON-King-17	DOEBAY-San Juan-28	DOMINION-Stevens-33
DONALD-Yakima-39	DOTY-Lewis-21	DOUGLAS-Douglas-9	DRYAD-Lewis-21
DRYDEN-Chelan-4	DU PONT-Pierce-27	DUNGENESS-Clallam-5	DUSTY-Whitman-38
DUVALL-King-17	EARLINGTON-King-17	EAST FARMS-Spokane-32	EAST OLYMPIA-Thurston-34
EAST SOUND-San Juan-28	E. STANWOOD-Snohomish-31	EAST WENATCHEE-Douglas-9	EASTON-Kittitas-19
EATONVILLE-Pierce-27	EDGEComb-Snohomish-31	EDGEWOOD-Pierce-27	EDISON-Skagit-29
EDMONDS-Snohomish-31	EDWALL-Lincoln-22	EGLON-Kitsap-18	ELBE-Pierce-27
ELBERTON-Whitman-38	ELECTRIC CITY-Grant-13	ELECTRON-Pierce-27	ELGIN-Pierce-27
ELK-Spokane-32	ELLENBOURG-Kittitas-19	ELLISPORT-King-17	ELMA-Grays Harbor-14
ELMER CITY-Okanogan-24	ELTOPIA-Franklin-11	ENDICOTT-Whitman-38	ENTIAT-Chelan-4
ENUMCLAW-King-17	EPHRATA-Grant-13	ESPANOLA-Spokane-32	ETHEL-Lewis-21
EUREKA-Walla Walla-36	EVANS-Stevens-33	EVERETT-Snohomish-31	EVERSON-Whatcom-37
EWAN-Whitman-38	FAIRCHILD-Spokane-32	FAIRFAX-Pierce-27	FAIRFIELD-Spokane-32
FALL CITY-King-17	FARMER-Douglas-9	FARMINGTON-Whitman-38	FEDERAL WAY-King-17
FERNDAL-Whatcom-37	FERRY-Ferry-10	FIFE-Pierce-27	FIRCREST-Pierce-27
FISHTRAP-Lincoln-22	FLETCHER BAY-Kitsap-18	FLORENCE-Snohomish-31	FORD-Stevens-33
FOREST CITY-Kitsap-18	FORKS-Clallam-5	FORT Lewis-Pierce-27	FORT STEILACOOM-Pierce-27
FORTSON-Snohomish-31	FOUR LAKES-Spokane-32	FOX ISLAND-Pierce-27	FRAGARIA-Kitsap-18
FRANCES-Pacific-25	FREELAND-Island-15	FREEMAN-Spokane-32	FRIDAY HARBOR-San Juan-28
FRUITLAND-Stevens-33	FURPORT-Pend Oreille-26	GALVIN-Lewis-21	GARDINER-Jefferson-16
GARFIELD-Whitman-38	GATE-Thurston-34	GEROME-Stevens-33	GERTRUDE-Pierce-27
GIFFORD-Stevens-33	GIG HARBOR-Pierce-27	GLACIER-Whatcom-37	GLEED-Yakima-39
GLENDALE-Island-15	GLENOMA-Lewis-21	GLENWOOD-Klickitat-20	GOLDBAR-Snohomish-31
GOLDENDALE-Klickitat-20	GOODNOE HILLS-Klickitat-20	GOOSEPRAIRIE-Yakima-39	GORST-Kitsap-18
GOVAN-Lincoln-22	GRAHAM-Pierce-27	GRAND COULEE-Grant-13	GRAND MOUND-Thurston-34
GRAND ORCHARDS-Grant-13	GRANDVIEW-Yakima-39	GRANGER-Yakima-39	GRANITE FALLS-Snohomish-31
GRAPEVIEW-Mason-23	GRAYLAND-Grays Harbor-14	GRAYS RIVER-Wahkiakum-35	GREENACRES-Spokane-32
GREENBANK-Island-15	GROTTO-King-17	GULER-Klickitat-20	HAAS-Walla Walla-36
HADLOCK-Jefferson-16	HAMILTON-Skagit-29	HANFORD-Benton-3	HANSVILLE-Kitsap-18
HARPER-Kitsap-18	HARRAH-Yakima-39	HARRINGTON-Lincoln-22	HARTFORD-Snohomish-31
HARTLINE-Grant-13	HATTON-Adams-1	HAVILLAH-Okanogan-24	HAY-Whitman-38
HEISSON-Clark-06	HELLGATE-Ferry-10	HIGH POINT-King-17	HOBART-King-17
HOLCOMB-Pacific-25	HOLDEN-Chelan-4	HOME VALLEY-Skamania-30	HOODSPORT-Mason-23
HOOPER-Whitman-38	HOQUIAM-Grays Harbor-14	HOUGHTON-King-17	HOVER-Benton-3
HUMPTULIPS-Grays Harbor-14	HUNTERS-Stevens-33	HUNTSVILLE-Columbia-7	HUSUM-Klickitat-20
HYAK-Kittitas-19	ILWACO-Pacific-25	IMPACH-Ferry-10	INCHELIUM-Ferry-10
INDEPENDENCE-Thurston-34	INDEX-Snohomish-31	IONE-Pend Oreille-26	IRBY-Lincoln-22
ISSAQUAH-King-17	JARED-Pend Oreille-26	JOHNSON-Whitman-39	JOYCE-Clallam-5
JUANITA-King-17	JUNCTION CITY-Grays Harbor-14	KAHLOTUS-Franklin-11	KALALOECH-Jefferson-16
KALAMA-Cowlitz-8	KAPOSIN-Pierce-27	KARTAT-Okanogan-24	KELLER-Ferry-10
KELSO-Cowlitz-8	KENMORE-King-17	KENNEWICK-Benton-3	KENNYDALE-King-17
KENT-King-17	KETTLE FALLS-Stevens-33	KEWA-Ferry-10	KEYPORT-Kitsap-18
KINGSTON-Kitsap-18	KIONA-Benton-3	KIRKLAND-King-17	KITSAPO-Kitsap-18
KITTITAS-Kittitas-19	KLABER-Lewis-21	KLICKITAT-Klickitat-20	KNAPPTON-Pacific-25
KOSMOS-Lewis-21	LA CENTER-Clark-6	LACEY-Thurston-34	LACONNER-Skagit-29
LACROSSE-Whitman-38	LAFLEUR-Okanogan-24	LAGRANDE-Pierce-27	LAKE Stevens-Snohomish-31
LAKEBAY-Pierce-27	LAKESIDE-Chelan-4	LAKEVIEW-Pierce-27	LAKEWOOD-Pierce-27
LAMONOA-Lincoln-22	LAMONT-Whitman-38	LANCASTER-Whitman-38	LANGLEY-Island-15
LAPUSH-Clallam-5	LATAH-Spokane-32	LAUREL-Klickitat-20	LAURIER-Ferry-10
LEADPOINT-Stevens-33	LEAHY-Douglas-9	LEAVENWORTH-Chelan-4	LEBAM-Pacific-25
LELAND-Jefferson-16	LESTER-King-17	LIBERTY LAKE-Spokane-32	LIBERTY-Kittitas-19
LILLIWAUP-Mason-23	LINCOLN-Lincoln-22	LIND-Adams-1	LITTLEROCK-Thurston-34
LOCKE-Pend Oreille-26	LONG BEACH-Pacific-25	LONG BRANCH-Pierce-27	LONGMIRE-Pierce-27
LONGVIEW-Cowlitz-8	LOOMIS-Okanogan-24	LOON LAKE-Spokane-32	LOPEZ-San Juan-28
LOST CREEK-Pend Oreille-26	LOWDEN-Walla Walla-36	LOWELL-Snohomish-31	LUCERNE-Chelan-4
LUMMI-Whatcom-37	LYLE-Klickitat-20	LYMAN-Skagit-29	LYNDEN-Whatcom-37
LYNNWOOD-Snohomish-31	MABTON-Yakima-39	MACALL-Adams-1	MACHIAS-Snohomish-31
MAE-Grant-13	MAGNOLIA BEACH-King-17	MALAGA-Chelan-4	MALDEN-Whitman-38
MALO-Ferry-10	MALONE-Grays Harbor-14	MALOTT-Okanogan-24	MALTBYS-Snohomish-31
MANCHESTER-Kitsap-18	MANETTE-Kitsap-18	MANSFIELD-Douglas-9	MANSON-Chelan-4
MAPLE FALLS-Whatcom-37	MAPLE VALLEY-King-17	MARBEL-Stevens-33	MARBLE MOUNT-Skagit-29

MARCUS-Stevens-33	MARENGO-Adams-1	MARIETTA-Whatcom-37	MARKHAM-Grays Harbor-14
MARLIN-Grant-13	MARSHALL-Spokane-32	MARYHILL-Klickitat-20	MARYSVILLE-Snohomish-31
Mason CITY-Okanogan-24	MATLOCK-Mason-23	MATTAWA-Grant-13	MAY VIEW-Garfield-12
MAYFIELD-Lewis-21	MAZAMA-Okanogan-24	MCCLEARY-Grays Harbor-14	MCGOWAN-Pacific-25
MCKENNA-Pierce-27	MCMILLIN-Pierce-27	MCMURRAY-Skagit-29	MEAD-Spokane-32
MEADOWDALE-Snohomish-31	MEDICAL LAKE-Spokane-32	MEDINA-King-17	MELBOURNE-Grays Harbor-14
MENLO-Pacific-25	MERCER ISLAND-King-17	MERIDIAN-Pierce-27	MERRIT-Chelan-4
MESA-Franklin-11	METALINE FALLS-Pend Or-26	METALINE-Pend Oreille-26	METHOW-Okanogan-24
MEYERS FALLS-Stevens-33	MICA-Spokane-32	MIDWAY-King-17	MILAN-Spokane-32
MILES-Stevens-33	MILLWOOD-Spokane-32	MILL CREEK-Snohomish-31	MILTON-Pierce-27
MINERAL-Lewis-21	MIRROR LAKE-King-17	MOCLIPS-Grays Harbor-14	MOHLER-Lincoln-22
MOLD-Douglas-9	MOLSON-Okanogan-24	MONDOVI-Lincoln-22	MONITOR-Chelan-4
MONROE-Snohomish-31	MONSE-Okanogan-24	MONTBORNE-Skagit-29	MONTESANO-Grays Harbor-14
MOORE-Chelan-4	MORA-Clallam-5	MORTON-Lewis-21	MOSES LAKE-Grant-13
MOSSYROCK-Lewis-21	MOTTINGER-Benton-3	MOUNT HOPE-Spokane-32	MOUNT VERNON-Skagit-29
MOUNTAIN VIEW-Asotin-2	MOXEE CITY-Yakima-39	MT LK TERRACE-Snohomish-31	MUKILTEO-Snohomish-31
NACHES-Yakima-39	NAGROM-King-17	NAHCOTTA-Pacific-25	NAPAVINE-Lewis-21
NASELLE-Pacific-25	NATIONAL-Pierce-27	NEAH BAY-Clallam-5	NEILTON-Grays Harbor-14
NEPPEL-Grant-13	NESPELEM-Okanogan-24	NEWMAN LAKE-Spokane-32	NEWCASTLE - King-17
NEWPORT-Pend Oreille-26	NIGHTHAWK-Okanogan-24	NINE MILE FALLS-Spokane-32	NISQUALLY-Thurston-34
NOOKSACK-Whatcom-37	NORDALES-Klickitat-20	NORDLAND-Jefferson-16	NORMAN-Snohomish-31
NORTH BENO-King-17	N BONNEVILLE-Skamania-30	NORTH COVE-Pacific-25	NORTH PORT-Stevens-33
OAK HARBOR-Island-15	OAK POINT-Cowlitz-8	OAKESDALE-Whitman-38	OAKVILLE-Grays Harbor-14
OCEAN PARK-Pacific-25	OCEAN SHORES-Grays Harbor-14	ODESSA-Lincoln-22	OHOP-Pierce-27
OKANOGAN-Okanogan-24	OLALLA-Kitsap-18	OLGA-San Juan-28	OLYMPIA-Thurston-34
OMAK-Okanogan-24	ONALASKA-Lewis-21	OPPORTUNITY-Spokane-32	ORCAS-San Juan-28
ORCHARDS-Clark-6	ORIENT-Ferry-10	ORILLIA-King-17	ORIN-Stevens-33
ORONDO-Douglas-9	OROVILLE-Okanogan-24	ORTING-Pierce-27	OSBORNE-Grant-13
OSO-Snohomish-31	OSTRANDER-Cowlitz-8	OTHELLO-Adams-1	OTIS ORCHARDS-Spokane-32
OUTLOOK-Yakima-39	OVINGTON-Clallam -5	OYSTERVILLE-Pacific-25	OZETTE-Clallam-5
PACIFIC BEACH-Grays Harb-14	PACIFIC-King-17	PACKWOOD-Lewis-21	PAGE-Franklin-11
PAHA-Adams-1	PALISADES-Douglas-9	PALMER-King-17	PALOUSE-Whitman-38
PARADISE INN-Pierce-27	PARK RAPIDS-Stevens-33	PARKER-Yakima-39	PARKLAND-Pierce-27
PARKWATER-Spokane-32	PARKWAY-Pierce-27	PASCO-Franklin-11	PATAHA-Garfield-12
PATEROS-Okanogan-24	PATERSON-Benton-3	PE ELL-Lewis-21	PEACH-Lincoln-22
PEARSON-Kitsap-18	PENAWAWA-Whitman-38	PESHASTIN-Chelan-4	PINE CITY-Whitman-38
PINEHURST-Snohomish-31	PLAZA-Spokane-32	PLUM-Lincoln-22	PLYMOUTH-Benton-3
POINT ROBERTS-Whatcom-37	POMEROY-Garfield-12	POMONA-Yakima-39	PORT ANGELES-Clallam-5
PORT BLAKELY-Kitsap-18	PORT GAMBLE-Kitsap-18	PORT HADLOCK-Jefferson-16	PORT LUDLOW-Jefferson-16
PORT MADISON-Kitsap-18	PORT ORCHARD-Kitsap-18	PORT STANLEY-San Juan-28	PT TOWNSEND-Jefferson-16
PORTAGE-King-17	PORTER-Grays Harbor-14	POSSESSION-Island-15	POTLATCH-Mason-23
POULSBO-Kitsap-18	PRESCOTT-Walla Walla-36	PRESTON-King-17	PREVOST-San Juan-28
PRIEST RAPIDS-Yakima-39	PRINDLE-Skamania-30	PROSSER-Benton-3	PULLMAN-Whitman-38
PURDY-Pierce-27	PUYALLUP-Pierce-27	PYSHT-Clallam-5	QUEETS-Jefferson-16
QUILCENE-Jefferson-16	QUILLAYTE-Clallam-5	QUINAULT-Grays Harbor-14	QUINCY-Grant-13
RAINIER-Thurston-34	RALSTON-Adams-1	RANDLE-Lewis-21	RAVENSDALE-King-17
RAYMOND-Pacific-25	REARDAN-Lincoln-22	REDNOND-King-17	REDONDO-King-17
RENTON-King-17	REPUBLIC-Ferry-10	RETSIL-Kitsap-18	RICE-Stevens-33
RICHARDSON-San Juan-28	RICHLAND-Benton-3	RICHMOND BEACH-King-17	RICHMOND HIGHL-King-17
RIDGEFIELD-Clark-6	RIFFE-Lewis-21	RINGOLD-Franklin-11	RIPARIA-Whitman-38
RITZVILLE-Adams-1	RIVERSIDE-Okanogan-24	ROBE-Snohomish-31	ROCHE HARBOR-San Juan-28
ROCHESTER-Thurston-34	ROCK ISLAND-Douglas-9	ROCKFORD-Spokane-32	ROCKLYN-Lincoln-22
ROCKPORT-Skagit-29	ROGERSBURG-Asotin-2	ROLLINGSBAY-Kitsap-18	RONALD-Kittitas-19
ROOSEVELT-Klickitat-20	ROSALIA-Whitman-38	ROSARIO-San Juan-28	ROSBURG-Wahkiakum-35
ROSLYN-Kittitas-19	ROXBORO-Adams-1	ROY-Pierce-27	ROYAL CITY-Grant-13
RUBY-Pend Oreille-26	RUFF-Grant-13	RYDERWOOD-Cowlitz-8	SAINT ANDREWS-Douglas-9
SAINT JOHN-Whitman-38	SALKUM-Lewis-21	SAM-Douglas-9	SAMMAMISH-King-17
SANDE FUCA-Island-15	SAPPHO-Clallam-5	SATSOP-Grays Harbor-14	SATUS-Yakima-39
SAUK-Skagit-29	SCENIC-King-17	SCOTIA-Pend Oreille-26	SEABECK-Kitsap-18
SEABOLD-Kitsap-18	SEAHURST-King-17	SEATTLE HEIGHTS-King-17	SEATTLE-King-17
SEAVIEW-Pacific-25	SEDRO WOOLLEY-Skagit-29	SEKIU-Clallam-5	SELAH-Yakima-39
SELLECK-King-17	SEQUIM-Clallam-5	SHARON-Spokane-32	SHAW ISLAND-San Juan-28
SHELTON-Mason-23	SHORELINE-King-17	SILVANA-Snohomish-31	SILVERCREEK-Lewis-21
SILVERDALE-Kitsap-18	SILVERLAKE-Cowlitz-8	SILVERTON-Snohomish-31	SKAMANIA-Snohomish-31
SKAMOKAWA-Wahkiakum-35	SKYKOMISH-King-17	SMYRNA-Grant-13	SNAKE RIVER-Franklin-11
SNOHOMISH-Snohomish-31	SNOQUALMIE-King-17	SOAP LAKE-Grant-13	SOUTH BEND-Pacific-25
SOUTH COLBY-Kitsap-18	SOUTH PPAIRIE-Pierce-27	SOUTH WENATCHEE-Chelan-4	SOUTHWORTH-Kitsap-18
SPANAWAY-Pierce-27	SPANGLE-Spokane-32	SPIRIT LAKE-Skamania-30	SPOKANE BRIDGE-Spokane-32
SPOKANE-Spokane-32	SPRAGUE-Lincoln-22	SPRING BEACH-King-17	SPRING VALLEY-Spokane-32

SPRINGDALE-Stevens-33	STANWOOD-Snohomish-31	STARBUCK-Columbia-7	STARTUP-Snohomish-31
STCHEKEN-Chelan-4	STEILACOOM-Pierce-27	STEPTOE-Whitman-38	STEVENSON-Skamania-30
STRATFORD-Grant-13	SULTON-Snohomish-31	SUMAS-Whatcom-37	SUMNER-Pierce-2,r
SUNDALE-Klickitat-20	SUNNYSIDE-Yakima-39	SUNSET-Whitman-38	SUQUAMISH-Kitsap-18
SWAMP tREEK-Snohomish-31	SYLVAN-Pierce-27	SYNAREP-Okanogan-24	TACOMA-Pierce-27
TAHOLA-Grays Harbor-14	TAHUYA-Mason-23	TATOOSH-Clallam-5	TAYLOR-King-17
TEKOA-Whitman-38	TELM-Chelan-4	TEMENTWA-Okanogan-24	TENINO-Thurston-34
THATCHER-San Juan-28	THORP-Kittitas-19	THORTON-Whitman-38	TIETON-Yakima-39
TIGER-Pend Oreille-26	TILlicum-Pierce-27	TOKELAND-Pacific-25	TOLEDO-Lewis-21
TONASKET-Okanogan-24	TOPPENISH-Yakima-39	TOUCHET-Walla Walla-36	TOUTLE-Cowlitz-8
TRACYTON-Kitsap-18	TRENTWOOD-Spokane-32	TRINIDAD-Grant-13	TROUTDALE-Klickitat-20
TUKWILA-King-17	TULALIP-Snohomish-31	TUMTUM-Stevens-33	TUMWATER-Thurston-34
TWIN-Clallam-5	TWISP-Okanogan-24	TYLER-Spokane-32	UNDERWOOD-Skamania-30
UNION GAP-Yakima-39	UNION-Mason-23	UNIONTOWN-Whitman-38	UNIVERSITY PLACE-Pierce-27
URBAN-Skagit-29	USK-Pend Oreille-26	VADER-Lewis-21	VAIL-Thurston-34
VALLEY-Stevens-33	VALLEYFORD-Spokane-32	VAN ZANOT-Whatcom-37	VANCOUVER-Clark-6
VANTAGE-Kittitas-19	VASHON-King-17	VAUGHN-Pierce-27	VEGA-Pierce-27
VERABALE-Spokane-32	VERNITA-Benton-3	WAHKIACUS-Klickitat-20	WAHLUKE-Grant-13
WAITSBURG-Walla Walla-36	WALDRON-San Juan-28	WALLA WALLA-Walla Walla-36	WALLGREN-Whatcom-37
WALLULA-Walla Walla-36	WAPATO-Yakima-39	WARDEN-Grant-13	WARM BEACH-Snohomish-31
WASHOUGAL-Clark-6	WASHTUCNA-Adams-1	WATERVILLE-Douglas-9	WAUCONDA-Okanogan-24
WAUKON-Lincoln-22	WAUNA-Pierce-27	WAVERLY-Spokane-32	WAWAWAI-Whitman-38
WELLPINIT-Stevens-33	WENATCHEE-Chelan-4	WEST RICHLAND-Benton-3	WEST SOUND-San Juan-28
WESTPORT-Grays Harbor-14	WHEELER-Grant-13	WHITE BLUFFS-Benton-3	WHITE SALMON-Klickitat-20
WHITE SWAN-Yakima-39	WHITES-Grays Harbor-14	WICKERSHAM-Whatcom-37	WILBUR-Lincoln-22
WILKESON-Pierce-27	WILLAPA-Pacific-25	WILLARD-Skamania-30	WILSON CREEK-Grant-13
WINCHESTER-Grant-13	WINESAP-Chelan-4	WINLOCK-Lewis-21	WINONA-Whitman-38
WINSLOW-Kitsap-18	WINTHROP-Okanogan-24	WINTON-Chelan-4	WISHRAM-Klickitat-20
WITHROW-Douglas-9	WOODINVILLE-King-17	WOODLAND-Cowlitz-8	WYNER-Kittitas-19
YACOLT-Clark-6	YAKE-Cowlitz-8	YAKIMA-Yakima-39	YARDLEY-Spokane-32
YELM-Thurston-34	YOMAN-Pierce-27	ZENITH-King-17	ZILLAH-Yakima-39

NOTES

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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